



Medical Treatment Consent for a Minor

As parent or legal guardian of _____, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under any conditions whatever to preserve life, limb, or the well-being of my child or dependent.

Name of Parent/Guardian: (Please Print) _____

Signature: _____

Date: _____.

Child's Physician: _____

Physician's telephone number: _____

Player's Date of Birth: _____

Insurance Information

Team member's insurance carrier/health plan: _____

Policy Number Membership Number: _____

Telephone number: _____

Liability Waiver

I/we, the undersigned, waive, release, and discharge FC Stars and its staff and coaches and all tournaments and tournament officials or their staffs, officers, employees, and assigns from any liability, claims, demands, and actions whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during participation in soccer or team-related activities.

Name of Parent/Guardian: (Please Print) _____

Signature: _____

Date: _____

Parent email address: _____

Parent telephone number: _____