

CHILD CARE AUTHORIZATION

Player's Name: _____ Date of Birth: _____

Player's Address: _____

Home Phone: _____ Father's Cell Phone: _____ Mother's Cell Phone: _____

Medical Insurance Company: _____ Phone: () _____

Policy Holder: _____ Policy #: _____ Group #: _____

Recognizing the possibility of physical injury associated with soccer and the possibility that my child may be injured in a game, practice, in transport to or from a practice or while involved in some other activity or that my child may suffer some other injury or condition that may require medical treatment or other attention or care, I hereby grant power of attorney over said child, to _____, whose present residence address is _____, and who shall have authority and power over said child from _____ until _____.

Said attorney-in-fact shall have the authority to execute any forms necessary for said child to participate in said activities and shall have the authority to make appropriate decisions with regard to clothing, bodily nourishment and shelter for said child during the term of this power of attorney. Said attorney-in-fact shall have permission to travel with said child as chaperon in various modes of transportation, arrange for accommodations and allow said child to participate in activities in addition to playing soccer. I/We further acknowledge that our child participates in this trip or activity at their own risk. My child has received a physical examination and is physically capable of participating in these activities.

The powers herein granted are any power relating to the health, safety and welfare of said minor child and I hereby give my consent to have an athletic trainer, nurse, physical therapist, and/or doctor of medicine or dentistry provide my child with medical assistance and/or treatment. I hereby authorize said attorney-in-fact, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, injections and hospital care to be rendered to my said child under the general or special supervision and on the advice of any physician, surgeon or dentist selected by my attorney-in-fact who is licensed to practice in the state of said child's residence or where said child may be located as if I were making said decisions myself. I agree to be responsible financially for the cost of such assistance and/or treatment. I understand that medical insurance is not the responsibility of the Mobile Soccer Club, Inc. or said attorney-in-fact and that insurance coverage is my responsibility.

On behalf of myself, my child, our heirs, executors and assigns, we further release, discharge and/or otherwise indemnify the Mobile Soccer Club, Inc. and its affiliated organizations, their officers, employees and associated personnel, representatives, coaches, managers and sponsors, and their heirs, executors and assigns, said attorney-in-fact and their heirs, executors and assigns from any claim, demand, right or cause of action of whatsoever kind or nature, either in law or in equity, arising from or by reason of any bodily and/or personal injury sustained by my child, and/or lost or damaged property, or otherwise, directly or indirectly, arising from the participation of said child in said activities and/or being transported to or from the same.

Player's known allergies or other medical conditions: _____

Player's Physician: _____ Physician's Phone: _____

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Emergency Contact: _____ Emergency Contact Number: _____

Sworn to and subscribed before me, this _____ day of _____, _____.

Notary Public, State at Large
My commission expires: _____

PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD & ATTACH TO THIS FORM