

Hollywood Soccer Club
Medical Treatment Authorization and Liability Waiver

PARTICIPANT INFORMATION

Participant Name: _____
Address: _____ City / State / ZIP: _____
Date of Birth: _____
Phone (h): _____ Phone (c): _____

Physician Name: _____
Physician Phone: _____
Insurance Name: _____
Policy # / Group #: _____

PARENT / GUARDIAN INFORMATION

1st Parent / Guardian Name: _____
Phone : _____
2nd Parent / Guardian Name: _____
Phone: _____
Emergency Contact Name: _____
Phone: _____

WAIVER / NOTICES

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I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, the City of Portland , Portland Youth Soccer Association and its affiliated organizations, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above or registered as a result of the player's participation in Portland Youth Soccer programs and/or being transported to or from the same, which transportation I hereby authorize. Please print, sign and give this form to your coach at first organized meeting.

Parent / Guardian Signature _____ Date: _____