



**San Mateo County Sheriff's Activities League
Lunchtime Soccer Program
Meadows School, Millbrae**

Director, Brian Mansell 650-346-0884



SAL Healthy Kids will be operating a Lunchtime Soccer program on your school site from April 18th – May 30th to increase daily levels of physical activity amongst San Mateo County youth. The Lunchtime Soccer program occurs during regular lunchtime hours at local schools and provides students with the opportunity to participate at no cost.

LAST _____ FIRST _____ MIDDLE _____
ADDRESS _____ APT# _____ CITY _____ ZIP _____
HOME PHONE _____ SCHOOL _____ GRADE _____
PARENT/GUARDIAN NAME (S) _____ PHONE _____
DOCTOR NAME _____ DOCTOR PHONE _____
DENTIST NAME _____ DENTIST PHONE _____
INSURANCE CARRIER _____ GROUP # _____ PATIENT# _____
IN CASE OF EMERGENCY IF PARENT/GUARDIAN IS NOT AVAILABLE, CONTACT:
NAME _____ RELATIONSHIP _____ PHONE _____
NAME _____ RELATIONSHIP _____ PHONE _____

Parent/Guardian Consent For Participation, Photo and Release of Liability and Conduct Policy

I/We, the undersigned, being the parent(s) or legal guardian(s) of _____, do hereby grant permission for his/her participation in the San Mateo County Sheriff's Activities League (SAL), and release the San Mateo County Sheriff's Office and SAL and their agents from all causes of legal action, damages, and claims or inequity of any kind whatsoever from any illness injury or loss resulting from _____'s participation in SAL sponsored sports, programs or activities. Said activities may include, but are not necessarily limited to the sports of soccer, street hockey, basketball, and program activities involving visual arts, music or the performing arts. I/We also hereby give consent and release, without recompense, for the use of photographs, recordings or videotape which may include _____, taken for the purpose of SAL publicity, publications, promotions, or news media coverage of SAL activities. I/We also hereby agree that I/we and _____ will abide by the safe orderly and effective operation of SAL sports programs and activities, and understand that failure to so abide may result in termination of _____'s participation in SAL-sponsored sports, programs or activities at the sole discretion of SAL or its agents

Authorization to Consent to Treatment of Minor

In the event of injury in the course of participation in San Mateo County Sheriff's Activities League (SAL) sports, programs or activities, I/We, the undersigned being the parent(s) or legal guardian(s) of _____ do hereby authorize the SAL or its agents, acting as agent for the undersigned to consent to any triage, X-ray, examination, medication or anesthetic, medical or surgical diagnosis or treatment, emergency dental care, and related hospital care for _____ as may be deemed urgent and/or immediately advisable by, and is either rendered under the general or specific supervision of a physician, dentist or surgeon licensed under the provisions of the Medicine Practice Act or State of California-certified emergency first response personnel, whether such diagnosis is rendered at the office of said physicians, at a hospital, or in the field by licensed emergency first responder personnel. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being provided, but is given to provide authority for the SAL or its agent(s) to give specific consent to any and all urgent medical care which the aforementioned physician, dentist, surgeon or emergency first response personnel in the exercise of his/her/their best professional judgment may deem advisable at time of or following injury. This authorization is given pursuant to the provisions of Section 258 of the California Civil Code and shall remain in effect for as long as _____ participates in SAL sports programs or activities, unless revoked sooner in writing and personally delivered to the SAL or its agents. It is also understood that failure to give or revocation of said authorization will necessarily result in the inability to participate and termination of participation from SAL sports programs and activities inasmuch as the SAL will be effectively constrained from seeking prompt medical attention for the above named minor in the event of injury. The undersigned agrees to indemnify and hold harmless Garfield school and the Redwood City school District, its council, officers, boards, commissions, agents, and employees for any loss or liability, which results or is alleged to have resulted from my participation in this program. I/we have read the above and fully understand these policies.

Signature(s) of Parent/Guardian _____ Date _____
Signature(s) of Parent/Guardian _____ Date _____

