



Consent for Minor Medical Treatment

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

Name _____ Signature _____ Date _____

Child's Physician _____

Physician's telephone number _____

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 the Junior Pioneers 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.

Signature of Parent/Guardian _____ Date _____