



2012 Spring Recreational Soccer Medical Release Form

Player Name _____ Date of Birth _____

Address _____

City, State, Zip _____

I/We assume all risks and hazards incidental to such participation in soccer including transportation to and from activities and I/we do hereby waive, release, absolve the organizers, sponsors, supervisors, and participants from any claim arising out of injury to myself, my/our son/daughter except to the extent and in the amount covered by accident or liability insurance.

I/We hereby give my/our consent for all medical care prescribed by a duly licensed physician for myself or the minor named on this form as his/her legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my/our dependent. Parents of children with special medical or other needs, please advise the PKSA. Certain medical conditions may require a doctor's note certifying the child's ability to play. Also, this information will assist the PKSA in handling occurrence should it arise.

Signature of Player _____

Parent or Guardian (print) _____

Date _____