

Medical Release Form

RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN

I am the parent/guardian of _____, on whose behalf I have submitted the attached application for participation in TOP Soccer. I hereby represent that he/she has my permission to participate in TOP Soccer.

I further represent and warrant that to the best of my knowledge and belief, he/she is physically and mentally able to participate in TOP Soccer. With my approval, a license physician has certified based on an independent medical examination that there is no medical evidence which would preclude his/her participation. I understand that if he/she has Down Syndrome, a full radiological examination to establish the absence of Atlanto-axial Instability is needed.

In permitting him/her to participate, I am specifically granting my permission, (both during and any time after) to TOP Soccer to use his/her likeness, name, voice and words in television, radio, film, newspapers, magazines and other media in any form for the purpose of advertising or communicating the purposes/activities of TOP Soccer and/or for fund to support this program.

If a medical emergency should arise during his/her participation in TOP Soccer at a time when I am not personally present so as to be consulted regarding his/her care, I hereby authorize TOP Soccer, on my behalf, to take whatever measures are necessary to ensure that he/she is provided with any emergency medical treatment including hospitalization, which TOP Soccer deems advisable in order to protect his/her health and wellbeing.

I am the parent (guardian) of _____. I have read and fully understand the provisions of the above release. Through my signature on this release form, I am agreeing to the above provision on my own behalf and that of my child. I also realize the potential risk involved with my child's participation in this program. I therefore will not hold the TOP Soccer program, its coaches, volunteers or other agents responsible for harm that comes to my child while he/she is participating in this program.

I hereby give my permission for him/her to participate in TOP Soccer

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____