

Stars of Massachusetts Soccer Club

Consent for Minor Medical treatment

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

Signature of Notary _____ Date _____.

Seal