



MEDICAL CONSENT FORM

TO: Any Medical Facility/Physician

FROM: _____
(parent/guardian)

(child) (date of birth)

As the parent/legal guardian of the above named child, who is currently a registered member of the _____ team of the _____ Soccer League, I hereby authorize

_____, the team coach, or his designated assistant, to administer first aid, provide transportation to and from a medical services provider, and request and authorize emergency medical treatment for my above named child while this child is participating in or traveling to/from a team activity. This authorization extends inclusively from _____, 20____ through _____, 20____.

I assume responsibility for all expenses incurred in the treatment of my above named child. Additionally, my child is covered under a secondary coverage policy through the Louisiana Soccer Association.

Parent's Insurance Company Name Parents Name

Policy Number Home Address

Mailing Address City State Zip

City State Zip (____) (____)
Home Phone Work Phone

Parent's Signature Date

IMAGE RELEASE

In consideration of _____, my minor
(NAME)
child/ward being allowed to participate in any way in the

(SPORTS ORGANIZATION)
Program, related events and activities, the undersigned agrees that such participants likeness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the sports program.

(Parent/Guardian Signature) (Print Name) (Date)

(Parent/Guardian Signature) (Print Name) (Date)