

BSC TOPSoccer Parental Medical Release

Form (#3)

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 Bellevue Soccer Club TOPSoccer Program. I hereby represent that he/she has my permission to participate in Bellevue Soccer Club TOPSoccer. I further represent and warrant that to be best of my knowledge and belief, he/she is physically and mentally able to participate in Bellevue Soccer Club TOPSoccer. 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 anytime after) to Bellevue Soccer Club TOPSoccer to use his/her likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes activities of Bellevue Soccer Club TOPSoccer and/or for fund to support this program.

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

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 there for will not hold the Bellevue Soccer Club TOPSoccer 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 Bellevue Soccer Club TOPSoccer Program.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____