

Bellevue TOPSoccer Buddy Permission Form

Buddy's Name _____ Date _____

Address _____ City _____ Zip _____

Parents Name _____

Phone _____

E-mail _____

STATE OF NEBRASKA LIABILITY WAIVER

Coaches, managers, referees, their assistants, or anyone who prepares any playing field shall NOT be liable for injury or death of any participant in the Bellevue Soccer Club activities which result from the negligence of any of the above named individuals.

PARENT OR GUARDIAN DISCLAIMER

We/I the parents of _____ hold harmless BSC, its officials, coaches, and representatives from any claim arising out of injuries or conditions caused or aggravated by our/my refusal to obtain available medical treatment based on religious or philosophical beliefs. We/I agree that the name and picture(s) of said minor may be used in print and video releases to news media of club related items.

LEGAL AUTHORIZATION AND CONSENT FOR ALL ABOVE ITEMS:

SIGNED: _____

DATE: _____

EMERGENCY AUTHORIZATION

We, the undersigned, parents of the participant, a minor, do hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisor/vehicle drivers, as agent for the undersigned to consent to Medical, Surgical, or Dental Examination or Treatment in the case of emergency. I/We hereby authorize emergency treatment and/or care of _____ at ANY hospital. If other, please specific: _____

IN AN EMERGENCY AND I/WE CANNOT BE REACHED, CONTACT:

_____ who is hereby authorized to act on my/our behalf.

Does this child have any history of respiratory illness, allergies, or other significant medical problems?

YES ___ NO ___ If YES, please state problem: _____

Please list any regularly taken medications: _____

Family doctor to contact in case of emergency: _____

SIGNED _____

Date: _____