

# 2010 GIRLS SOCCER SHOWCASE MEDICAL RELEASE

## Permission to Participate, Release of Liability, and Authorization for Medical Treatment Form

*The named participant is in good health and has my permission to participate in the 2010 GIRLS NORTHWEST COLLEGE SHOWCASE. I hereby release the coaches participating in the camp and all other employees, officers, directors, agents, officials, facility owners, facility employees, board members, and volunteers affiliated with the showcase from and against any liability claims or demands for any injury or illness incurred at the 2010 GIRLS NORTHWEST COLLEGE SHOWCASE. I hereby assume complete financial responsibility for any personal injury or property damage created as a result of an intentional or negligent act of my child or ward while he or she is attending the 2010 GIRLS NORTHWEST COLLEGE SHOWCASE.. Permission is granted for my child to receive emergency medical treatment if needed. I will be responsible for any costs of medical treatment incurred at the 2010 Girls Northwest College Showcase.*

PLAYER'S NAME: \_\_\_\_\_ Age: \_\_\_\_\_  
(Please Print)

PARENT'S NAME(S) \_\_\_\_\_  
(Please Print)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
(Please Print)

PLAYER'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if Player is over 18 years of age)

PARENT'S SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if Player is under 18 years of age)