

2014 LEAWOOD SOCCER FEST - MEDICAL RELEASE FORM

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor/dentist of the minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, or cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. I also agree to release, indemnify and hold harmless the City of Leawood, Challenger Sports' owner, representatives, sponsors, hosting organizations and facilities, coaches and officials from any claim arising out of any injury.

Name of minor _____ Date of Birth _____

Relationship _____

Dates when release is intended **MAY 16-18, 2014**

This release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____ Date _____
(father/mother/legal guardian)

Address _____

City _____ State _____ Zip _____

Phone (h) _____ (w) _____ (cell) _____

Family Physician _____ Phone _____

Insurance Carrier _____ Policy Number _____

Emergency contact (if parent/guardian is unreachable):

Name _____ Relationship _____

Phone (h) _____ (w) _____ (cell) _____