



# KITSAP ALLIANCE FC

## Medical Waiver – Trial Session

Player Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### ***Medical Waiver***

As the parent or legal guardian of the above registered participant, I request that, in my absence, the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctor of Medicine or Doctor of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given any guarantee as to the result of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player and agree to be financially responsible for the cost of such assistance and/or treatment. I hereby authorize emergency transportation of the participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the Kitsap Alliance Futbol Club, the clubs parent organization(s), sponsors, coaches, volunteers, and officials against any claim by or on behalf of the soccer player named above as a result of that player's participation in said activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date