



# HOCKESSIN SOCCER CLUB

740 Evanson Road · Hockessin, Delaware 19707

Phone: 302-234-1444

Fax: 302-234-0185

## REPRESENTATIVE TEAM MEDICAL CONSENT FORM AND TRAVEL RELEASE

Team: \_\_\_\_\_ League: \_\_\_\_\_ Age Group: \_\_\_\_\_

Player's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Player's Address: \_\_\_\_\_ Father Phone (W): \_\_\_\_\_

\_\_\_\_\_ Mother Phone (W): \_\_\_\_\_

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

Parent's Name(s): \_\_\_\_\_ Other Parent or Guardian:

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

\_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

1. I hereby give my permission for my child to travel to and from and to participate in all games, practices, exhibitions, tournaments and other events sponsored by the Hockessin Soccer Club, Inc., or participated in by the above mentioned team.

2. In the event of an accident or injury to or the sickness of my child, I hereby give my permission for any and all medical attention necessary to be administered to him/her, under the direction of the following:

Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

Asst. Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

or any of Hockessin's coaches or representatives, or any host family with whom my child stays while at a tournament or other Hockessin-sanctioned event.

Our Physician is: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3. I hereby affirm that I or my insurance carrier shall be responsible for the cost of any such medical care and will directly pay for any such costs or reimburse the Hockessin Soccer Club, Inc., or any of its coaches or representatives, or any of the aforementioned host families who incur such costs on behalf of my child.

Company: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Policy No: \_\_\_\_\_ Group: \_\_\_\_\_

4. I hereby hold harmless the Hockessin Soccer Club, Inc., or any of its coaches or representatives for any injury or harm to my child as a result of any such medical care sought for him/her, or for any injury or harm to my child not directly caused by the negligence of the club, or its coaches or representatives.

5. This form is effective from this date through **July 31st, 2011**.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

State of Delaware:

New Castle County:

Sworn to and subscribed before me, a Notary Public, this date of \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

\_\_\_\_\_  
Notary Public