



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, 2010**.

Signed: _____ Date: _____

State of Delaware:

New Castle County:

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

Notary Public