

**MEDICAL INFORMATION, WAIVER, HOLD HARMLESS AGREEMENT,
AND LIMITED POWER OF ATTORNEY FOR HEALTH CARE**

STAR SOCCER CLUB

PLAYER'S NAME		AGE	BIRTHDATE
STREET ADDRESS		CITY	STATE ZIP CODE
FATHER'S DAYTIME PHONE	HOME PHONE	E-MAIL ADDRESS	
MOTHER'S DAYTIME PHONE	HOME PHONE	E-MAIL ADDRESS	
EMERGENCY CONTACT NAME	ADDRESS	PHONE	

PLEASE LIST ANY EXISTING MEDICAL CONDITIONS, ALLERGIES, PHYSICAL DISABILITIES OR OTHER CONDITIONS WHICH MAY AFFECT PLAYING SOCCER

INSURANCE COMPANY	POLICY NUMBER OR CERTIFICATE NUMBER (ATTACH COPY OF BOTH SIDES OF ID CARD)		
DOCTOR'S NAME	ADDRESS	TELEPHONE NUMBER	

CERTIFICATION, HOLD HARMLESS AGREEMENT AND LIMITED POWER OF ATTORNEY FOR HEALTHCARE

In consideration of the above listed child being permitted to participate in the activities of STAR Soccer Club,

I _____ (Parent/Guardian's Name) certify that the information provided above is true and accurate. I further certify that I understand that participating in soccer and the training and activities related thereto as in any other sport entails certain risks, including injury, disease, and/or death, and I hereby waive all claims against, and agree to fully indemnify, defend and hold harmless STAR Soccer Club, its coaches, managers, trainers, assistants, agents, servants, heirs, executors, employees, administrators and assigns, and all other persons, firms, and corporations from any and all claims, demands, causes of action, of any kind or nature, which may arise, directly or indirectly, as a result of the above listed child's participation in the activities of the team and/or the transportation of my child to or from such activities, which transportation I hereby authorize.

In the event that I am not present at the time of any injury, illness, or accident which shall involve the above listed child, I hereby authorize that the above listed child be admitted to any hospital or medical facility for diagnosis and treatment, and I further authorize and direct each person then serving as a coach of the team for whom the above listed child is playing, or any other such person as he or she may direct, to authorize any and all necessary emergency medical treatment, services, and medication, including but not limited to emergency transportation, treatment, medication, surgery, or any other means necessary to protect the life and health of the above listed child as named herein, and grant to them my power of attorney to secure such treatment and to execute such documents as shall be necessary, in their sole discretion, to protect and preserve the life, health, and safety of the above listed child. This limited power of attorney shall terminate upon revocation by the undersigned.

I further agree that I shall be financially responsible for all costs associated with medical treatment received as a result of the authority granted herein.

IN WITNESS WHEREOF, I have hereunto set my hand at _____, Ohio this _____ day of _____, 20____.

Signature of Parent or Legal Guardian _____

Sworn to before me and subscribed in my presence this _____ day of _____, 20____.

Notary Public, State of Ohio