



2017 ALL STAR GAME

INSURANCE AND MEDICAL RELEASES

I hereby give permission for my son/daughter _____ to participate in the Southern California High School Soccer Coaches Association All Star games, to be played at Estancia High School on Saturday, March 18, 2017.

I take full responsibility and release the coaches and directors of the Southern California High School Soccer Coaches Association for any liability in case of an accident.

California Law (Educational code 32220-24) requires every member of an athletic team to have at least \$1,500 in medical and hospital coverage. I understand that in order to participate, I must be covered with medical and accident insurance.

I have insurance for my son/daughter, which meets the requirements of California law. The name of my insurance company is _____.

The policy number is _____.

Should it be necessary for my child to have medical treatment while participating in this event, I hereby give the Directors and Coaches of the Southern California High School Soccer Coaches Association All Star game permission to use their judgment in obtaining medical service for the child and I give my permission to the physician selected by the Directors and/or Coaches to render medical treatment deemed necessary and appropriate by the physician.

I understand that the Directors and Coaches have no medical insurance covering such medical or hospital costs incurred for my child and, therefore, any cost incurred for such treatment shall be my sole responsibility.

Participants Name: _____

Participants Signature: _____

Date: _____

Parents Name: _____

Parents Signature: _____

Date: _____

Address: _____

City: _____ Zip _____

Mobile Telephone Number: _____

Home Telephone Number: _____

Work Telephone Number: _____

Emergency Contact Person: _____

Emergency Contact Telephone Number: _____

E-Mail: _____