

PLAYER NAME: _____ **DOB:** _____ **DATE:** _____

JAIME ARROYO SOCCER ACADEMY

Consent and Release Authorization for Emergency Treatment

"I, the undersigned, hereby assume full responsibility for all risk injury or loss which may result from participating in this activity and hereby agree to hold harmless, release and forever discharge the officers of Jaime Arroyo Soccer Academy, their officers, agents, and employees forenamed waive any and all claims and demands whatsoever which the undersigned and any of them or any third person and their representatives or any persons acting under their behalf have or may have against said officers, agents, or employees by reason of any accident, illness, injury, or death of any persons or persons, or damage to or loss of destruction of any property' arising or resulting directly from participation in the aforementioned program and occurring during said participation or any time subsequent thereto, save and accept that the above provisions shall not be applicable to injury or death of persons, or damage to or loss of property arising out of the sole negligent acts or omissions of Jaime Arroyo Soccer Academy, their officer's agents or employees. The terms of this release shall serve as a release and assumption of risk, heirs, executors and administrators and for all lay family members and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity. With the full understanding of the facts, I state, that to the best of my knowledge, the listed applicant has no medical, physical, mental, or emotional health conditions, which would hinder or prevent active participation in the Jaime Arroyo Soccer Academy. "I understand that I am required to maintain and carry accidental medical insurance coverage for the listed applicant, and verify that the coverage information attached herewith is accurate and true." "In the case of an emergency, I hereby authorize the staff of Jaime Arroyo Soccer Academy to obtain whatever medical treatment they deem necessary for the welfare of the listed on this application. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees."

"Having read and understood, and being in agreement with this release, I have signed and dated this applicant in the space below."

Medical Release:

I have read and understood, and agree with the informed consent and release information given below and release authorization outlined in this form as it relates to the applicant.

Signature: _____ **Date:** _____

Name: _____ **Phone:** _____

Emergency Contact: _____ **Phone:** _____

Relationship: _____ **Insurance Company:** _____

Policy Holder's Name: _____ **Policy/Group # :** _____

Physician: _____ **Physician Phone:** _____

Allergies: _____

Current Medications: _____

Other Medical Conditions: _____

James Arroyo Enterprises, Inc.

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