



CENCAL COSMOS SOCCER CLUB

530 E. HERNDON AVE. # 101, FRESNO, CA 93720

TEL: (559) 447-1168

CENCALCOSMOS.COM

CenCal Cosmos Medical Waiver

Player's Name: _____ D.O.B. _____

Parent/Guardian Name: _____

MEDICAL TREATMENT AUTHORIZATION

LIST MEDICAL CONDITIONS: _____

I hereby give consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify CenCal Cosmos, their sponsors, its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player, which transportation I hereby authorize.

Parent Signature _____

Date _____