

OKLAHOMA SOCCER COACHES ASSOCIATION

ALL-STATE SOCCER GAMES RELEASE FORM

PARENTS STATEMENT: I certify that my child is medically qualified to participate in the All-State games. I hereby authorize the Oklahoma Soccer Coaches Association to act for me according to their best judgment in securing treatment for my child in any emergency requiring medical attention. I hereby give permission for a physician and/or hospital emergency room to administer necessary care, and guarantee that my medical insurance or myself will be responsible for any charges. I waive and release the Oklahoma Soccer Coaches Association and all its members from all liability for any injuries and/or illness incurred while at practice or at the game.

This form must be turned in to your all-state coach at the first practice!

Date: _____

Parents' signature: _____

Player's name: _____

Address: _____

City: _____ ZIP: _____

Home phone #: (_____) _____

Work phone #: (_____) _____

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