

# Temporary Power of Attorney and Medical and Liability Release Form

This form covers all events and/or activities sponsored by CHIEF Girls Soccer,  
valid from March 6, 2017 through May 14, 2017.

**One form to be completed for each player.**

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Child/Player's Name	Age	Date of Birth	Gender
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Parent/Guardian	Cell Phone	Work Phone
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Parent/Guardian	Cell Phone	Work Phone
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Street	City	State	Zip Code	Home Phone
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Other Emergency Contact / Relationship	Cell Phone	Home Phone
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Health Insurance Company	Policy Number	Group Number
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Physician's Name	Work Phone
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## Health History

Food Allergies / Reactions: \_\_\_\_\_

Drug Allergies / Reactions: \_\_\_\_\_

Other Allergies or Reactions: \_\_\_\_\_

Medications and Dosages: \_\_\_\_\_

List of restrictions (activities / foods): \_\_\_\_\_

I hereby authorize the treatment under direction of any licensed physician of my daughter in the event of a medical emergency. This authority is given only after a reasonable effort has been made to reach both me and my child's physician by phone at the phone number(s) given above.

I assume any cost connected with such treatment, and hereby release CHIEF Girls Soccer, their organizers, board, AD, coaches, and any others associated with CHIEF Girls Soccer or CHIEF from any liability.

I understand that every activity sponsored by CHIEF Girls Soccer is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, as parent/guardian, I agree to assume and accept all risks and hazards inherent in these sports-related activities. I also agree not to hold CHIEF Girls Soccer or its volunteer leaders liable for damages, losses, or injuries to the person or property undersigned. As parent/guardian, I understand that I am signing for the player named on this form and the signature is to provide the power of attorney, the medical release, and the liability release.

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Signature of Parent/Guardian	Print Name	Date
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