GIVA SOCCER SCHOOL

Medical Release and Student Agreement

Medical Release: Authorization To Consent To Medical Treatment For A Minor Child

To Whom It May Concern:
Jim Givargis and Staff are hereby empowered to act on my behalf with respect to the below named child, including the authorization of any necessary emergency medical procedures, in the event that I cannot be reached. This authorization covers the period form _____ to _____ , 20___. Insurance to cover medical procedures is held with

_____

Policy No.: _____

I request that reasonable effort be made to contact / consult with

_____

in the event that medical services are required.

Child's Name: _____

Date of Birth: _____

Doctors Name & Phone: _____

Allergies: _____

(See attached immunization card for further references)

Signed: _____

Social Security #: _____

Negative Covenant Hold Harmless Agreement For Students

FOR VALUABLE CONSIDERATION, including the acceptance of my child/ward as a student at the Jim Givargis Soccer School, I for myself and child/ward covenant and agree that neither my child/ward nor I nor our respective heirs and legal representatives will ever institute any action or suit or institute, prosecute or in any way aid in the instituting or prosecution of any claim, demand or cause of action for damages or compensation against Jim Givargis Soccer School and its respective officers, directors, employees and agents, by reason of any damage, loss, or injury to person or property arising out of the departure of my child/ward from normally scheduled activities of the camp/clinic and that each of my child/ward and I and our respective heirs and legal representatives, jointly and severally, will indemnify and save harmless those entities and persons from liability, cost and expense what so ever in connection with any such claims.

Name of Student: _____

_____

(Signature of Parent/Guardian)

NOTARY: Subscribed to and sworn before me this _____day of _____ , 20___