

## **Consentimiento Para Tratamiento Medico De Un Menor Y Declaración**

Esta forma debe que ser notariada por un Notario Publico. Al ser notariada: Con esta forma o documento esta usted dando su autorización (en su ausencia) para que “en caso de que el jugador se lastime” en caso necesario reciba atención médica y/o’ dental. Con esta forma notariada, usted esta dando permiso a doctores, dentistas, o’ técnicos autorizados a que atiendan a el jugador que en esta forma se menciona.

Este Cuidado puede darse bajo cualquier condición si es necesario por el bien del registrado. El registrado y yo estamos de acuerdo y seguiremos las Reglas de Woodburn United Soccer Club. Woodburn United Soccer Club, los entrenadores, manejadores y miembros asociados con el club no se hacen responsables contra cualquiera reclamo de parte del registrado o el resultado de la participación en los programas incluyendo la transportación de el jugador. Yo doy la autorización para que mi hijo/a este en Woodburn United Soccer Club. Yo también doy mi consentimiento a Woodburn United Soccer Club para usar imagines fotográficas de mi hijo/a en material promocional y en la página electrónica del club.

## Medical Release for Minor and Release Statement

As the parent/legal guardian of \_\_\_\_\_, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player. I agree that I and the registered player will abide by the rules of Woodburn United Soccer Club. Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge, and/or otherwise indemnify Woodburn United Soccer Club, coaches, managers or associated members against any claim by or on behalf of the registered player as a result of the registrant's participation including transportation, which I hereby authorize. By participating in Woodburn United Soccer Club I authorize the club to use photographic images of the registered player in promotional materials and website.

Date of Players Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Date of last Tetanus Booster \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Known allergies of this player, including any allergies to medicine \_\_\_\_\_

Any other medical problems that should be noted \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person responsible for charges (if different from above) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to notify if parent/guardian is unavailable \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

### NOTARIZATION

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_