

AUTHORITY TO TREAT & WAIVER
3v3 Clash of the Giants Soccer Tournament
Required for every participant

Player's Full Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Parent or Guardian: _____

The above soccer player has been granted permission to attend and participate in and with teams sponsored by the Clash of the Giants Tournament. In exchange for the opportunity to participate in this event, I waive legal claim against those associated with this soccer tournament, including all members of the Soccer Synergy Camps & Events Association, West Side Alliance Soccer Club, City of Sand Springs, Tulsa River Parks Authority, and Oral Roberts University, in the event the player (child) is injured while participating in this tournament. I understand that the associations listed above do NOT PROVIDE INSURANCE and that no insurance is provided of any kind on behalf. I hereby authorize the staff of the Clash of the Giants Tournament to act for me (or said child) according to their best judgment in any emergency requiring medical attention. I have no knowledge of any physical impairment that would be affected by the player's participation in the tournament. I also understand the association retains the right to use for publicity and advertising, photographs of players taken while attending and participating in the event.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Father: Home Phone _____ *Alternate Phone* _____

Mother: Home Phone _____ *Alternate Phone* _____

In an Emergency when parents cannot be reached, please contact:

Name: _____ *Relationship:* _____

Phone: _____ *Alternate Phone:* _____

ALLERGIES: _____

MEDICAL PROBLEMS: _____

FAMILY PHYSICIAN: _____

INSURANCE CARRIER: _____