

COPA DEL SOL

INSURANCE INFORMATION & PARENTAL CONSENT

Participant: _____

Parent/Guardian: _____

Please note any medical conditions we should be aware of:

I hereby authorize any first aid, medication, or medical treatment deemed necessary in case of emergency for: (full name) _____, a participant in the Copa del Sol Soccer Tournament. I understand that I will be responsible for any expenses incurred on his or her behalf in connection with such treatment. I also understand that the player participates at his or her own risk. The Copa del Sol Tournament, its staff, Fort Lewis College, its Athletic Department, and its staff shall not be liable for any damage arising from injuries sustained by the player during the tournament or at the facilities.

NO PLAYER WILL BE ACCEPTED WITHOUT INSURANCE COVERAGE!

POLICY HOLDER:

INS. COMPANY:

POLICY NUMBER:

GROUP NUMBER:

SIGNATURE OF PARENTAL CONSENT:
