

Beach Cities Soccer Referee Association

Parent Consent and Medical Release

To: The Board of Directors

Beach Cities Soccer Referee Association

I, _____ being the Mother/Father and/or Legal Guardian of
_____ who is a member of the **Beach Cities Soccer Referee Association**, hereby request you to allow him/her to partake in refereeing assignments during the dates of _____ to December 31, 20____ to be performed at various locations as required.

I hereby appoint and authorize the member in charge to act in capacity of a parent with full authority to consent to my son/daughter to obtain and undergo medical treatment or surgical procedures as required. I undertake to be responsible to pay for the cost of treatment that will be provided. I fully understand and accept that all activities are performed so with my knowledge and at my son/daughter's own risk.

I am aware that **Beach Cities Soccer Referee Association** or its members will not be responsible for any loss, injury or damage that the person or property of my son/daughter may sustain while engaged in any activity on the course. I waive any right that I or my son/daughter may have to claim compensation against **Beach Cities Soccer Referee Association** or any of its members. I also waive any right to other members in respect to any loss, injury or damage incurred while engaged in any activity as an official arising as a result of negligence or otherwise and I indemnify them of all such claims.

This consent/release to be renewed every January 1 if the referee is below 18 years old. A copy must be with the individual at all times and a copy will be filed with a Board member.

Please update information as needed and notify the Beach Cities Soccer Referee Association Board.

Signed: _____ Relationship: _____

Address: _____

Emergency Contact Phone #: _____

Insurance Company: _____

Policy Number: _____

Phone Number: _____