



## 2006 3v3 Tournament Waiver

One waiver per child / call 971-GOAL for additional forms

The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parent so that such procedures may be promptly carried out, and no unnecessary delay will occur with operative procedures. However, no operation will be performed, except in case of emergency, without parents being contacted and fully informed.

I give permission for each diagnostic, therapeutic, and operative procedure as may be deemed necessary for my child.

Child's name: \_\_\_\_\_

Date of Player's Birth: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Primary phone: \_\_\_\_\_

Secondary phone: \_\_\_\_\_

Family insurance company: \_\_\_\_\_

Group: \_\_\_\_\_

ID #: \_\_\_\_\_

Subscribers name: \_\_\_\_\_

I hereby authorize Charleston Battery, LLC to act according to their best judgement on any emergency requiring medical attention and hereby waive and release Charleston Battery LLC from any liability for illness or injury incurred while at participating in the 3v3 Tournament.

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Team Name: \_\_\_\_\_ Age Group: \_\_\_\_\_