

Mercer Island School District

INFORMED CONSENT FORM RE: SOCCER

Student Name:	Birth Date:	
School:	Grade:	
We accept and understand that the sport of soccer is hazards that may cause serious personal injury, inclunecessitating long term care and significantly impair accept and understand that the above-described injlimited to: concussions; serious neck and spinal in partial paralysis; brain damage; blindness; serious in all bones, joints, ligaments, muscles and tendons; confractures, may occur as a result of participating in certain activities such as slide tackling and heading risk of injury.	ading death, severe paralysis or brain injury ring enjoyment of life or life activities. We uries and other injuries, including but not ajuries potentially resulting in complete or jury to all internal organs; serious injury to entusions; dislocations; sprains; strains; and this sport. We accept and understand that	
We understand that the inherent risks of this sport ca essential qualities of the sport. We have reviewed appreciate them and still desire to participate in the ac (Student Initial) (Parent Initial)	l all of these risks and we understand and	
We certify that (Student Name) physical conditions which could interfere with or could activity. (Student Initial) (Parent Initial)	has no medical or ompromise his/her safety in participating in	
I authorize qualified emergency medical professiona or serious illness, to administer emergency medical ca (Parent Initial)		
In the event it becomes necessary for school district the above-named student, we understand that neither assumes financial liability for the expenses incurred and/or unforeseen circumstances. (Student Initial) (Parent Initial)	er the staff member nor the school district	

I certify that my household has suffici care or resultant care for any injury tha (Parent Initial)		•
HAVING READ AND INITIALED TO I HAVE READ THIS DOCUME ASSOCIATED WITH PARTICIPAT ATHLETIC PROGRAM. BY SIGNI ABOVE, UNDERSTAND ITS CONTI	ENT AND FULLY UNDERSTA FING IN THIS VOLUNTARY S NG BELOW, I CERTIFY THAT I	AND THE RISKS CHOOL DISTRICT HAVE READ THE
Student name (please print)	Student signature	Date
HAVING READ AND INITIALED TO I HAVE READ THIS DOCUME ASSOCIATED WITH PARTICIPAT ATHLETIC PROGRAM. BY SIGNI ABOVE, UNDERSTAND ITS CO STUDENT TO PARTICIPATE.	ENT AND FULLY UNDERSTA FING IN THIS VOLUNTARY S NG BELOW, I CERTIFY THAT I	AND THE RISKS CHOOL DISTRICT HAVE READ THE
Parent/guardian name (please print)	Parent/guardian signature	Date