

SFVJACC AND CRESCENT BAY SPORTS LEAGUES (CC/CBSL)

CONTINUING CONSENT TO TREATMENT

I, the undersigned, parent (legal guardian) of _____, minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor, under the instructions of the registered leaders of CC or coaches of CC/CBSL, as provided for in Section 25.8 of California Civil Code. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage the registered leaders of CC or coaches of the CC/CBSL to exercise their judgment as to the requirements of such diagnosis or medical or surgical treatment. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

Child's Name: _____ Birthdate: _____

Home Address: _____

City: _____ Zip Code: _____

Home Phone: _____

Father's Name: _____

Mother's Name: _____

Emergency Name: _____ Phone: _____

Name of Health Insurance Company: _____

Allergies: _____

This consent shall remain effective as long as my child is registered with the CC/CBSL, unless sooner revoked in writing and delivered to the registered leaders of CC

This consent shall in no way imply that the registered leaders of CC or the coaches be held liable for any injuries incurred to the said minor during any activities related to the CC/CBSL.

Parent or Guardian signature: _____ Date: _____

Submit completed form to Team Parent. Completed form must be available at each activity.