

## 2025 Winter Magic - MEDICAL RELEASE FORM

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor/dentist of the minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, or cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. I also agree to release, indemnify and hold harmless All American Indoor Sports, Soccer Nation, Epic Center KC, The KC Soccer Dome, Z Sports and Challenger Sports' owner, representatives, sponsors, hosting organizations and facilities, coaches and officials from any claim arising out of any injury.

Name of minor \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

Dates when release is intended January 17-20, 2025

This release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(father/mother/legal guardian)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

**Emergency contact** (if parent/guardian is unreachable):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_