

**Ground Hog Invite 2019 – April 26<sup>th</sup> – April 28<sup>th</sup>**  
*Kick Off Your Summer Season in Bemidji, MN*

**Health Waiver and Emergency Care Authorization**

**Team Name:** \_\_\_\_\_

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name (Please print): \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Person to Contact in Case of Emergency: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please Indicate any Pertinent Previous Medical History: \_\_\_\_\_

List Medications, Allergies, or any Other Notes: \_\_\_\_\_

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**Hold Harmless:**

The undersigned, Parent/Guardian of minor, understands that participation in the tournament is voluntary. Parent/Guardian of minor understands that minor, as a participant in events sponsored by, or associated with Bemidji Youth Soccer & Bemidji State University, whether athletic or social in nature, is subject to risk of injury. Parent/Guardian agrees to defend, indemnify and hold harmless Bemidji Youth Soccer & Bemidji State University and its partners, agents, employees, owners from and against any claim, demand, suit, judgment, cost of fees, which arise out of or are in any way connected with Bemidji Youth Soccer's Spring Tournament & Bemidji State University, regardless of whether such claims are the result of the negligence of Parent/Guardian/Minor or anyone else or for any other cause.

**Permission for Emergency Care:**

As the parent/legal guardian, I request that in my absence, the named participant be admitted to any hospital or medical facility for diagnosis and treatment. In case of injury, accident or illness, I authorize the on-site staff and volunteers to provide appropriate medical assistance or if an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the participant the hospital or nearest facility. I also understand that if ambulance transport or emergency treatment is deemed necessary, I may not be notified until after the transport has been initiated. I request and authorize physicians, athletic trainers, technicians, first aid personnel, nurses to perform any diagnostic procedures, treatment procedures, operative procedures, and x-rays of the above. I have been given no guarantee as to the results of examination or treatment. Our insurance carrier and I accept any and all responsibility for all costs associated with the medical care of the above participant. I will notify Bemidji State University Soccer Camps if, at any time, our medical insurance provider changes while participating in the activities with Bemidji State University.

I have read and understand the above.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARTICIPANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_