

# FLORIDA ATHLETIC COACHES ASSOCIATION

**YOU WILL NOT BE ALLOWED TO PARTICIPATE UNTIL THIS FORM IS SIGNED.**

**Please bring it with you when check in to the hotel on November 18th, 2016.**

## STATE OF VOLUNTARY CONSENT

I hereby approve my child to participate in the 2016 F.A.C.A. Cross Country All-Star Classic, practice, and related activities. My child has no medical or emotional problems which may effect her ability to safely participate in your program.

Regarding routine first aid, major emergencies or medical trauma, I understand that the F.A.C.A. All-Star Team doctors and staff would provide whatever care or treatment they reasonably could and would refer to the appropriate physician the further treatment of such. I hereby authorize consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment or hospital care, which is deemed needed and rendered under the guidance or special supervision of the physician.

Being fully aware of the hazards and possible consequences involved in treatment of the above described routine and major emergency conditions, I being legally competent to give consent, hereby consent to such treatment and agree to hold the Florida Athletic Coaches Association, the Organizers, Sponsors and Supervisors and/or all of them, free and harmless from any claims, whatever which may result from such treatment.

All medical expenses incurred due to my child's participation in the F.A.C.A. Cross Country All-Star Classic, practice, and activities are understood to be the responsibility of the participants Insurance Carrier with the All-Star Insurance Carrier being an Excess policy (primary if participant has no coverage) and I hereby give authorization to provide such necessary insurance information to be used should my child incur an injury or illness that requires medical attention.

I do hereby declare and represent that in making, executing and tendering this Statement of Voluntary Consent, I understand and acknowledge the circumstances involved in my child's participation in the described activities, and I have read this statement, understood its contents, and executed it of my free will and choice, and do so to benefit the best interest of my child.

All-Stars Name: (print) \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Parent or Guardian)

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(All-Star Athlete)

**\*Both signatures are required**

