



# MEDICAL RELEASE

*Revision Date: November 15, 2023*

I/We, the undersigned parent(s) or legal guardian(s) hereby authorize the persons designated below from the Caboto Soccer Club on behalf of my/our child to consent to any and all medical treatment necessary to be administered to my/our child in the event of an accident, injury, sickness, etc, while under the direction of the person designated below until such time as I/We may be contacted. This release of authority is effective for the time during which my/our child is participating in league play of the Ontario Soccer Association and any other tournament in Canada or USE for the Season, including traveling to or from such tournaments.

I/We also hereby assume the responsibility for payment of any such medical treatment indemnifying and saving harmless the Caboto Soccer Club and the persons designated hereunder for any liability therefor. This authority is granted under the Health Care Consent Act, 1996 (Ontario) as amended or any similar or substitute legislation.

In case I/We cannot be reached, either of the following is designated to have the authority above mentioned:

<b>POLICY NAME</b>	MEDICAL RELEASE	<b>POLICY TYPE</b>	GOVERNANCE POLICY
<b>DATE CREATED</b>	NOVEMBER 15, 2023	<b>REVISION DATE</b>	NOVEMBER 15, 2023
<b>APPROVED BY</b>	CABOTO SOCCER CLUB BOARD OF DIRECTORS	<b>DATE OF APPROVAL</b>	NOVEMBER 15, 2023
<b>STATUS</b>	APPROVED	<b>RENEWAL DATE</b>	NOVEMBER 15, 2025
<i>Any questions or inquires can be sent to: Club Admin of Caboto Soccer Club at <a href="mailto:admin@cabotosoccer.com">admin@cabotosoccer.com</a>.</i>			