

MONTOYA SOCCER ACADEMY MEDICAL RELEASE AND WAIVER FORM

Complete the form, print it, sign it, then mail it MSA.

I give my son/daughter permission to participate in Montoya Soccer Academy's training sessions. I acknowledge that my son/daughter has private medical insurance and is in good physical health to participate. I hereby authorize the Montoya Soccer Academy staff to act accordingly in their best judgment in any emergency requiring medical attention and I hereby waive and release Montoya Soccer Academy from any and all liability for any injuries and illness while at the Montoya Soccer Academy training.

Please type "ACCEPT" (all capital letters) indicating your agreement with the waiver.

Parent/Guardian Name:

Date:

Signature

Please mail to:

Montoya Soccer Academy
Albertin Montoya
2461 Boxwood Dr.
San Jose, CA 95128