



PO Box 14304 Tumwater, WA 98511

**TUMWATER SOCCER CLUB  
LIMITED POWER OF ATTORNEY  
FOR EMERGENCY MEDICAL CARE AUTHORIZATION**

(Please print except for signature)

This is to certify that the bearer of this letter has the permission of the undersigned to authorize necessary emergency medical care by the attending medical provider or others they may choose in case of accidental injury, ingestion or illness.

**Player Name:** \_\_\_\_\_

**Players Guardian Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Policy #** \_\_\_\_\_ (optional)

**Allergies:** \_\_\_\_\_

**Special Medical Conditions:**  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**OPTIONAL PHOTO WAIVER:** I agree that photos of my child may be taken during activities related to the Tumwater Soccer Club and give my permission for these photos to be used in materials to promote the Tumwater Soccer Club and its programs (such as on the Tumwater Soccer Club website, TSC brochures, and Facebook). At no time will the name of any child be identified in a photo used for these purposes.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_