



Special Power of Attorney Agreement

KNOW ALL MEN BY THESE PRESENTS, THAT I _____, BEING THE PARENT OF _____ (“my child”), DESIRING TO EXECUTE A SPECIAL POWER OF ATTORNEY, HAVE MADE, CONSTITUTED, AND APPOINTED, AND BY THESE PRESENTS DO MAKE, CONSTITUTE AND APPOINT _____ AND _____, AS MY ATTORNEYS-IN-FACT TO ACT AS FOLLOWS, GIVING AND GRANTING UNTO MY SAID ATTORNEYS FULL POWER TO:

1. Authorize and execute my consent for any and all emergent medical and hospital care (surgical and anesthetic) and treatment for my child by a duly licensed physician and health care providers selected by my Attorney-in-Fact. I also assume the responsibility for the payment of any such treatment.
2. To do all acts necessary for providing transportation for my child to and from or in connection with an athletic event or social event.
3. Further, I do authorize my aforesaid Attorney-in-Fact to perform all necessary acts in the execution of the aforesaid authorization with the same validity as I could effect if personally present. Any act or thing lawfully done hereunder by my said Attorney-in-Fact shall be binding on myself and my heirs, legal and personal representative, and assigns.
4. Further, in consideration for the performance of any and all of the functions authorized in the above paragraphs, as an inducement to my Attorney-in-Fact to perform functions in my behalf and for the benefit of my child, I hereby agree to assume the risk of and hold harmless and release my Attorney(s)-in-Fact, the Jacksonville Jaguar Soccer Club, and it’s officers, and the Florida Youth Soccer association from any liability for negligence in the performance of said functions. However, this shall not apply to willful or wanton misconduct affecting my child.
5. This Special Power of Attorney and Hold Harmless Agreement shall be effective and apply to the following period:

From June _____, _____ through June _____, _____

Known allergies/medical problems _____

Physician Name _____ Physician Phone _____

Parent to Notify in an Emergency _____

Telephone Number(s): home _____ cell _____ work _____

PRIMARY INSURANCE CARRIER _____

Medical Insurance Policy Number _____

Auto Insurance Policy Number _____ Signature of Parent _____

Subscribed and sworn to before me this _____ day of _____

Notary Public
My Commission Expires: _____