

9th Annual Mississippi Coast All-Star Soccer Game Athletic Participation Form

My son/daughter will participate in the Mississippi Coast All-Star Soccer Game at St. Patrick High School in Biloxi, MS on February 23, 2026. In order for him/her to participate I agree to complete, sign and return this statement of consent and release of liability.

In signing this consent, I, the parent/guardian, understand the risk of injury in participating in such an event and the practices associated with the game. We release Neil Scott Soccer LLC, Neil Scott, all-star game staff, volunteers, coaches and any sponsors from liability associated from any such injury or medical expense. We also understand and agree that all decisions regarding participation of the student/athlete are made by the coaches and medical personnel designated to coach the all star game.

By signing below, I give full consent from my son/daughter to participate in any and all required activities pertaining to the Mississippi Coast All-Star Soccer Game. I acknowledge that even with the best coaching, use of protective equipment, and strict observance of the rules, injuries are still a possibility. As the parent/legal guardian of the named student, I do hereby authorize and give permission for medical services to be rendered on behalf of my son/daughter for any injury received while participating in this game, or any practices associated with the game. This authorization includes, but is not limited to, any treatment deemed necessary by event personnel, physicians, emergency personnel, or hospital staff.

By signing below, I confirm and acknowledge my son/daughter is covered under a policy of health and accident insurance and that the information provided below is true and accurate, to the best of my knowledge.

I have read the above information in detail and my son/daughter, _____(player's name), has the permission of _____(parent/guardian) to participate in the Mississippi Coast All-Star Soccer game and related events. If my son/daughter is over the age of 18, I will discuss this document with them, and have them sign this document, along with my own signature.

My son/daughter's insurance information is as follows:

Health insurer, Group number, Policy number

Parent/Guardian signature

Date signed

Athlete signature (if over 18)

Date signed

All players must submit a current physical form to Mississippi Coast All-Star Soccer Game staff or have signed confirmation by the player's head high school soccer coach or athletic director that a current physical is on file and can be accessed if requested by the Mississippi Coast All-Star Soccer Game staff.

I, _____(current school head soccer coach or AD printed name), confirm that the above player's physical is not expired and is on file within my school district.

Head soccer coach or athletic director signature

Date signed