



MEDICAL RELEASE FORM

As parent/legal guardian of \_\_\_\_\_, I verify that the participant has been checked by a physician and is physically able to participate in soccer activities. I verify that my child is covered by health and medical insurance. I understand that the sport of soccer has inherent risks of injury. Bearing in mind and with full knowledge of the physical capabilities or limitations of the participant, I hereby agree to assume for myself/my child (participant) such risk of injury.

As the parent/legal guardian, I request that in my absence, the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentist, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above named minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from above-named player. I understand and agree to be responsible financially for the cost of such assistance and/or treatment.

Date of Birth \_\_\_\_\_ Date of last Tetanus Booster \_\_\_\_\_

Known allergies of this player, including any allergies to medicine: \_\_\_\_\_

Any other medical problems which should be noted: \_\_\_\_\_  
(known medical issues which could affect player) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone (optional) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Person responsible for charges (if different from above) \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone (optional) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Person to notify if parent/guardian is unavailable \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone (optional) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_