

MEDICAL RELEASE FORM

Academy and Select players need to have this filled out and notarized. Then return to team manager or coach.

*To be kept with Coach/Team at all games & Tournaments
PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE*

I, _____ hereby give permission for any and all medical attention to be administered to my child _____ in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

ADDRESS: _____

HOME PHONE:

INSURANCE COMP:

POLICY NUMBER:

In case I cannot be reached, any of the following persons is designated to act on my behalf:

- COACH:
- ASST. COACH:
- TEAM MANAGER: _____

A league representative where my child is playing.

Any tournament representative where my child is participating in a tournament

PHYSICIAN:

ADDRESS:

PHONE:

KNOWN ALLERGIES:

SIGNATURE (PARENT/GUARDIAN) _____ DATE

Subscribed and sworn before me,

this ____ day of _____, _____

Notary Public