Hunter Soccer Club - Medical Release Form

Team:_____

Tournament:_____

I hereby release (list club & tournament)_____ from all liability for any normal soccer related injury except for causes where direct negligence by the aforementioned club/tournament is clearly evident. I hereby give my permission for any and all medical attention necessary to be administered to my child, _____, in the event of an accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.

My address is: _____

Home Phone: _____ Office Phone: _____

My Insurance company is: _____

My Insurance Policy Number is: _____

In case I cannot be contacted, any of the following is designated to act in my behalf:

1. Coach: _____
2. Assistant Coach: _____
3. Any tournament representative where my child is participating:

   _____

Our physician is: _____

Physician's address & phone no.: _____

Known allergies: _____

Signature (Parent/Guardian): _____

>>>>>>>>>>>>>>>>>>Please have this form notarized <<<<<<<<<<<<<<<<

Subscribed and sworn to before me, this ____ day of _____, 20___.

_____

Notary Public