

Dam 3V3 Medical Release Form

Registrant's Name _____ Date of Birth _____

As the parent of _____, I certify that my son/daughter is in good health and capable of performing the physical activities associated with the sport of soccer. I request that in my absence the above player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, staff or other licensed technicians or nurses to perform any diagnostic procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the result of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named player. I release, discharge, and hold harmless CLYSC or any staff members from any injuries that may occur to the player while participating in this event. I understand that I am responsible for all medical costs.

Date of Last Tetanus Booster _____

Known Allergies of Registrant (including medication) _____

Registrant has the following medical problems which should be noted _____

Family Physician _____ Phone Number _____

Parent/Guardian _____ Phone Number _____

Close Friend if Parent Can't Be Reached _____ Phone

Number _____

Person Responsible for Charges _____

Address _____

Home Telephone _____ Work Telephone _____

Primary Insurance Carrier _____ Policy Number _____

Secondary Insurance Carrier _____ Policy Number _____

FOR U-6 THROUGH U-8 TEAMS: Each Player's Parent/Guardian must complete the following statement swearing that the player is currently registered with a sanctioned soccer association. Furthermore, I, the Registrant or Parent/Guardian of a minor Registrant, do hereby swear that he/she is in fact a currently registered player on (name of team) _____ Registered with the _____ Soccer Association.

MUST BE SIGNED BY ALL REGISTRANTS OR LEGAL PARENT/GUARDIAN OF MINOR REGISTRANTS: In Witness of my/our consent and agreement to the medical authorization and release specified herein, I/we have subscribed my/our signature on this ___ day of _____, 201___

Signature _____

DO NOT MAIL THIS FORM. BRING TO CHECK- IN.