

Concorde Fire Medical Release



Player Name: _____

Address: _____

Home Phone: _____

Mother: _____ Work/Cell Phone: _____

Father: _____ Work/Cell Phone: _____

Insurance Company: _____

Policy/Group Number: _____

Physician: _____

Address: _____

Phone: _____

Known Allergies: _____

Medications: _____

Date of last Tetanus shot: _____ Does player wear eyeglasses or contact lenses? Yes No

Emergency Contacts to call if parents are unavailable (please list weekend/evening numbers):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for USYSA/USSF and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA/USSF, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participating in the Programs and/or being transported to or from the same, which transportation I hereby authorized. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs. **Therefore, I grant Concorde Fire Soccer Club and its representative permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.**

Signature (Parent/Guardian): _____

Date: _____

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

Notary Public