

# Atlantic Soccer Club

## MEDICAL RELEASE FORM

As the parent/legal guardian of \_\_\_\_\_, 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, dentists, 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. I authorize the hospital or medical facility to dispose of any medical specimen or tissue from the above named player.

Player's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of last Tetanus Booster: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

EMERGENCY INFORMATION (Please include Area Code)

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Home Phone: (    ) \_\_\_\_\_

Mother's Home Phone: (    ) \_\_\_\_\_

Father's Work Phone: (    ) \_\_\_\_\_

Mother's Work Phone: (    ) \_\_\_\_\_

Father's Cell Phone: (    ) \_\_\_\_\_

Mother's Cell Phone: (    ) \_\_\_\_\_

Father's E-mail: \_\_\_\_\_

Mother's E-Mail: \_\_\_\_\_

In an emergency, when parents cannot be reached, please contact:

1. Name: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

2. Name: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Other Medical Conditions:

\_\_\_\_\_

Player's Physician:

\_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

2nd Phone: (    ) \_\_\_\_\_

Medical and/or Hospital Insurance Company: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD

(copy both sides) onto 1 page (8.5 x 11) and attach to this form

GENERAL RELEASE I hereby acknowledge that participation in soccer competition and training carries with it potential hazard. I hereby release Atlantic Soccer Club and its team coaches, Massachusetts Youth Soccer Association, US Club Soccer, NEP, NPL, USSF, USYSA, and any organization that is affiliated with same, as well as any officers, officials, and administrators of sanctioned tournaments or friendly matches that my child may participate in as a result of being a member of an Atlantic Soccer Club team.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_