

Medical Treatment Authorization Form
Carlstadt Recreation Soccer League

As a parent and/or guardian of _____, a minor, I hereby authorize the treatment by a qualified and licensed medical doctor, EMT or Nurse in the event of a medical emergency which, in the opinion of the attending Health Care Provider, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Daytime Phone # () _____ - _____

Cell Phone # () _____ - _____

Evening Phone # () _____ - _____

Player Birth Date _____

Family Physician: _____ Phone # () _____ - _____

Release is granted for the entire 2016 Season

Indicate specific medical allergies, chronic illnesses, or other medical conditions that coaches and medical personnel should be aware of:

****PLEASE READ CAREFULLY****

I/we the parents/guardian of the above named, who will be a player in the Carlstadt Recreation Soccer League hereby give my/our permission for our child to participate in any and all Soccer League activities, including transportation to and from the activities. I/we know that participation in Soccer may result in serious injuries and protective equipment does not prevent all injuries to players. Therefore I/we waive, release, absolve, indemnify and agree to hold harmless the Carlstadt Recreation Soccer League, the Organizers, Sponsors, Coaches, Helpers Participants and persons transporting my/our child to and from activities for any claim arising out of an injury to my/our child except to the extent and in the amount covered by the Borough of Carlstadt accident or liability insurance.

This release form is completed and signed by my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature _____

Date _____