

MONTGOMERY SOCCER, INC.

MEDICAL RELEASE FORM

Child's Name: _____

Child's Birthdate: _____

Parent's Name: _____

Parent's Cell Number: _____

My address is: _____

My insurance carrier is: _____

My policy number is: _____

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

1. Team Head Coach
2. Team Assistant Coach
3. Team Manager
3. A league or Montgomery Soccer representative where my child is playing.
4. Any tournament representative where my child is playing.
5. Other identified individual _____

My child's physician's information is:

Name: _____

Phone: _____

Address: _____

My child's known allergies are: _____

My child's date of last tetanus shot: _____

I hereby give 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. This release is effective until such time as revoked by me. I also hereby assume the responsibility for payment of any such treatment.

Signature (Parent/Guardian): _____

Date of Signature: _____