

# **AFC Lightning Medical Release Form**

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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

1. Coach: \_\_\_\_\_

2. Team Representative: \_\_\_\_\_

3. Any Tournament Representative where my child is participating in a Tournament

Our Physician is: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

## **PARENT'S APPROVAL AND MEDICAL RELEASE:**

Recognizing the possibility of physical injury associated with soccer and in consideration for GSSA and AFC and its affiliates accepting the registrant for its soccer programs and activities (the "Program"), I hereby release, discharge and/or indemnify GSSA and AFC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program, from any claim by or on behalf for the registrant as a result of the registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize. My son/daughter has received a physical examination by a physician and has been found physically capable for participating in the Program. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment.

Signature (Parent/Guardian): \_\_\_\_\_

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