

Manalapan Soccer Club, Inc.

Medical Release Form

I hereby give my permission for any and all medical attention necessary to be administered to my child (NAME) _____ 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 for a period of one year from the date given below. I also hereby assume the responsibility for payment of any such treatment.

My Address is: _____

Home Phone: _____

My Insurance Company is: _____

My Policy Number is: _____

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

1. Coach _____

2. Assistant Coach _____

3. A League Representative where my child is playing. _____

4. Any Tournament Representative where my child is participating in a tournament.

Our physician is: _____

Address: _____

Phone: _____

Know Allergies: _____

Signature (Parent/Guardian) _____