



MEDICAL RELEASE

(Please type or print in black ballpoint pen)

I give permission for Dynamo Soccer Club officials, any coach, or their designated representative to obtain any and all medical attention necessary for the below-named child in the event of an accident, injury, sickness, etc., until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.

Child's FULL Name/Address

Phone Number _____

Birthdate _____

Physician's Name/Address/Phone Number

Known allergies or medical concerns

Date of last tetanus shot _____

*Guarantor's Name (Required)

Address/Phone Number (if different from child's)

Relationship to Child _____

Employer's Name/Address

Health Insurance Company

Policy # _____

Please notify the following person if you are unable to locate me:

Name _____

Phone # _____

****FORM MUST BE NOTARIZED WITH SEAL****

Guardian's
Signature: _____

Date _____

Guardian's address and/or phone number
(if different from child's):

Address: _____

Phone # _____

Subscribed and sworn to before me this

_____ day of _____, 20____

My commission expires: _____

Notary Public

*Guarantor – person in whose name insurance coverage or
payment is guaranteed.

THIS MEDICAL RELEASE IS EFFECTIVE FOR ONE YEAR FROM THE DATE NOTARIZED