

LOUDOUN SOCCER MEDICAL RELEASE FORM

(Please print)

Child's Name: _____ **Birth Date:** _____

Father/Legal Guardian: _____ **Phone (H)** _____ **Phone (W)** _____

Mother/Legal Guardian: _____ **Phone (H)** _____ **Phone (W)** _____

Does your child take any medications or have any medical problems? Please specify: _____

As the parent/guardian of the above child, I do hereby grant permission for him/her to participate in all activities of the Loudoun Soccer sports program. I further grant permission for emergency first aid to be given to this minor and for him/her to be taken to the emergency room of a nearby hospital in the event of serious injury. Permission is granted to the hospital and its staff to provide any treatment that a physician deems necessary for the well being of this minor.

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