

Registration for Pacific SC Recreation Soccer - Players

Medical Release Form

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any Diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Player's Birth ___/___/___

Date of last Tetanus Booster ___/___/___

Known allergies of this player including any allergies to medicine

Any other medical problems which should be noted

Family Physician _____ Phone (___) ___-_____

Name of Parent/Guardian _____

Address _____

City/State/Zip _____

Phone Home _____ Cell _____ Work _____

Person responsible for charges (if different from above) _____

Address _____

City/State/Zip _____

Phone Home _____ Cell _____ Work _____

Person to notify if parent/guardian is unavailable _____

Phone Home _____ Cell _____ Work _____

Insurance Carrier _____ Policy Number _____

Signature of Parent/Guardian _____