

MEDICAL RELEASE FORM

Coaches & Asst Coaches must carry these completed forms with them to all practices and games (plus turn one in to Club.)

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, or sickness 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 four months from the date given below. I also hereby assume the responsibility for payment of any such treatment.

Child's ADDRESS is: _____

Child's HOME PHONE: () _____ - _____

M-First Name _____ M-Work Phone () _____ - _____

M-Cell Phone () _____ - _____

F-First Name _____ F-Work Phone () _____ - _____

F-Cell 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. Coaches (name) _____

2. Assistant Coaches (name) _____

3. A FTSC Executive Board member (the league in which my child is playing)

Child's physician is: _____

Address: _____

Phone: () _____ - _____

Known Allergies: _____

SIGNATURE (Parent/Guardian):

FRANKLIN TOWNSHIP SOCCER CLUB

HOTLINE 732-699-0002