



The Villages Soccer Club Medical Release Form

Player's Name _____ Date of Birth _____ Gender M F

Address _____

Town _____ State _____ Zip Code _____

Parent's Name _____ Home Phone _____ Work Phone _____

Parent's Name _____ Home Phone _____ Work Phone _____

In an emergency when parents cannot be reached, please contact:

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

Medical Information

Medical Problems, Drug Reactions and/or Allergies _____

Player's Physician _____ Phone _____

Primary Medical Insurance Company _____

Policy Holder _____ Policy # _____ Group # _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. *I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the The Villages Soccer Club, their sponsors, and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in The Villages Soccer Club programs and/or being transported to or from the same, which transportation I hereby authorize.*

This authorization shall remain in effect for 1 (one) calendar year from the date of signing, unless revoked in writing.

Signature and Relation to player (father, mother, guardian) _____ Date _____

Signature and Relation to player (father, mother, guardian) _____ Date _____

State of: _____ County of: _____.

I HEREBY CERTIFY, that on this day, before me, an officer duly authorized in the State and County afore mentioned to take acknowledgements, personally appeared _____ and _____ to me known to be the persons in and who execute the foregoing document and they acknowledge before me that he/she/they executed the same.

WITNESS my hand and official seal in the County and State last afore mentioned this _____ day of _____, 20__.

Seal:

Signature Notary Public

My Commission Expires