

# **Peachtree City Lasers Soccer Club**

## Medical Release Form

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

I hereby give my permission for any and all medical attention necessary to be administered to my child:

NAME \_\_\_\_\_

In the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. This release is effective for the period of one year from the date given below. I assume the responsibility for the payment of any such treatment.

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

In case I cannot be reached, any of the following is designated to act in my behalf,

1. Coach: \_\_\_\_\_

2. Assistant Coach: \_\_\_\_\_

3. Team Representative: \_\_\_\_\_

4. Any Tournament Representative where my child is participating in a Tournament

Our Physician is: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to me before,

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public