



FLORIDA SOCCER ALLIANCE

1900 Seminole Soccer Loop - Sanford, Florida 32771 - (407) 321-5264 Fax : (407) 321-6192
www.floridasocceralliance.com

Medical Release Form

I, _____ (Parent/Guardian's name) hereby give permission for any and all medical attention to be administered to my child, _____ (child's name). In the event of accident, injury, sickness etc., under the direction of the person(s) listed below, until such time as I can be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

Address: _____

Home Phone: _____ Cell Number: _____

Insurance Company: _____

Policy Number: _____

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

- COACH: _____
- Asst COACH: _____
- MANAGER: _____
- A league representative where my child is playing.
- Any tournament representative where my child is participating in a tournament.

PHYSICIAN:

ADDRESS:

PHONE:

KNOWN ALLERGIES:

SIGNATURE (Parent/Guardian) _____ Date: _____

Subscribed and sworn before me, this _____ Day of _____, 20__

Notary Public