



## MEDICAL RELEASE FORM

I, \_\_\_\_\_ hereby give permission for any and all medical attention to be  
(Print Parent/Guardian's Name)

administered to my child \_\_\_\_\_ in the event of an accident, injury, sickness, etc., under  
(Print Child's Name)  
the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the  
payment of any such treatment.

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

MOTHER/GUARDIAN LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FATHER/GUARDIAN LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY/MEMBER NUMBER: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

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

COACH: \_\_\_\_\_

MANAGER: \_\_\_\_\_

A league representative where my child is playing or any tournament representative where my child is participating in a tournament.

PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

KNOWN ALLERGIES/MEDICAL CONDITIONS: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

Recognizing the possibility of injury associated with soccer and in consideration of JUSC/JTAA and its affiliates accepting the registrant for its soccer programs, I hereby release/discharge JUSC/JTAA, affiliated organizations and sponsors, their employees, volunteers, and associated personnel, including the owners of fields and facilities utilized for programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs.

I agree the player listed above has received a physical examination by a physician and has been found physically capable of participating in the program(s). This release is effective for a period of one year from the date given below.

SIGNATURE (PARENT/GUARDIAN): \_\_\_\_\_ DATE \_\_\_\_\_