

ADAMS SOCCER CLUB

Medical Authorization Form

PLAYER NAME: _____

TEAM (Age Group): _____ Season: _____

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical treatment prescribed by a duly licensed health care professional. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependant. In the event of an accident, injury, or sickness where I can not be reached the following people are designated to act on my behalf:

1.) Adams Soccer Club Coach or representative.

2.) Player's Physician: _____

Physician Address: _____ Phone # _____

List any known allergies or special conditions: _____

ADAMS SOCCER CLUB RELEASE

Recognizing the possibility of physical injury associated with soccer, and in consideration to the Adams Soccer Club, accepting the registrant for its' soccer programs and activities (the program) I hereby release, discharge, and otherwise indemnify the Adams Soccer Club , its' affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities used for the program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program, and / or being transported to or from the same, which transportation I hereby authorize.

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN (PRINT NAME): _____

ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP: _____ DATE: _____

HOME PHONE1: _____ HOME PHONE 2: _____

FATHER WORK PHONE: _____ CELL PHONE: _____

MOTHER WORK PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____