

Clay County Soccer Club Participant Medical Information and Release Form

Player Last Name	Player First Name	Player DOB	Club Use: Team	Club Use: Coach

PLEASE PRINT

Parent/Guardian Last Name	Parent/Guardian First Name	Relation to player	Phone Number Home/Cell
			Home: Cell:

PLEASE PRINT

Medical Information:

Allergies:	_____

Is Tetanus Current ?	Circle one: YES or NO Date of tetanus shot, if current: MM/DD/YY
Emergency Contact First and Last Name:	_____
Emergency Contact Phone Number:	Home: Cell:
Insurance Company:	_____
Insurance Policy Holder First and Last Name:	_____
Insurance Policy Number:	_____
Please list any physical conditions of which the staff should be aware:	_____

Medical Release:

PARENTS OR GUARDIANS OF ALL PARTICIPANTS UNDER THE AGE OF 18 MUST READ AND AGREE TO THIS RELEASE IN ORDER FOR THE PLAYER TO BE ELIGIBLE TO PARTICIPATE.

As the parent/legal guardian of the above named player, I request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff duly licensed as Doctors of Medicine or Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures treatment procedures, operative procedures and x-ray treatment of the above named minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named player.

I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify Clay County Soccer Club, their sponsors, FYSA, US youth Soccer Association, and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player mentioned above.

Signature of Acceptance: _____

Date of Acceptance: _____