

# Medical Release Form

## Niskayuna Soccer Club (2009- 2010)

Office Use:	
Team _____	Year _____
Coach _____	

Player Name: \_\_\_\_\_ Team (U8, u10 etc): \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Player Lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (list) \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION (Indicate all persons to be contacted in case of emergency)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
Bus. Address \_\_\_\_\_  
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
Bus. Address \_\_\_\_\_  
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
Bus. Address \_\_\_\_\_

### INSURANCE AND MEDICAL INFORMATION:

MEDICAL INSURANCE COMPANY \_\_\_\_\_  
Provider \_\_\_\_\_ Group ID# \_\_\_\_\_  
Player's Insurance ID# \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Hospital Preferred \_\_\_\_\_  
Medications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Allergies \_\_\_\_\_

I, \_\_\_\_\_, give permission for any and all medical attention necessary to be administered to my child, \_\_\_\_\_, in the event of an accident, injury, sickness, etc., under the direction of the persons listed below, until such time as I may be contacted:  
**(please indicate yes/no for each):**

Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ NSC Representative. \_\_\_\_\_ Tournament Representative \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
Date