

Medical Release Form

Niskayuna Soccer Club (2011- 2012)

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