

Medical Release Form

Niskayuna Soccer Club

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 _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Home Address _____

Bus. Address _____ Phone _____

3. Name _____ Relationship _____ Phone _____

Home Address _____

Bus. Address _____ Phone _____

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