Medical Release Form

Player's Name _____ Date of Birth _____ Gender Male

Address _____ Town _____ State _____ Zip Code _____

Contact Information

Father's Name _____ Home Phone _____ Cell Phone _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Emergency Contact

Name _____ Home Phone _____ Cell Phone _____

Medical Information

Allergies _____

Other medical conditions _____

Player's Physician _____ Phone _____

Primary Medical Insurance Company _____

Policy Holder _____ Policy # _____ Group # _____

*****PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD onto 1 page (8.5 x 11) and attach to this form*****

PARENT'S APPROVAL AND MEDICAL RELEASE

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

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the cost of each assistance and/or treatment.

_____ _____

Signature of Parent or Guardian **Date**