



## TOPSoccer Medical Authorization/Release

**Important Note:** The following information is required in the event that medical treatment or hospital Emergency Room Treatment is needed for the player named below. The information contained herein will be kept in the strictest confidence and will be used only to facilitate medical treatment in the event the player named below is injured. Failure to complete the following information will mean the player named below will NOT be eligible to participate in TOPSoccer practices and games.

### Player Contact Information

|                            |        |            |        |
|----------------------------|--------|------------|--------|
| Last Name                  |        | First Name |        |
| Date of Birth (MM/DD/YYYY) | Height |            | Weight |

### Parent/Guardian Information

|                         |          |          |
|-------------------------|----------|----------|
| Parent/Guardian Name(s) |          |          |
| Address                 |          |          |
| City                    |          | Zip      |
| Home PH#                | Work PH# | Cell PH# |

### Emergency Contact Information

|                   |          |                        |  |
|-------------------|----------|------------------------|--|
| Emergency Contact |          | Relationship to Player |  |
| Home PH#          | Work PH# | Cell PH#               |  |

### Physician Information

|                     |  |                |
|---------------------|--|----------------|
| Family Physician    |  | Office PH#     |
| Address             |  | City/State/Zip |
| Hospital Preference |  |                |

### Medical/Insurance Information

|                                         |                 |
|-----------------------------------------|-----------------|
| Known allergies and medical conditions: |                 |
| Hospitalization Insurance Company       |                 |
| Policy #                                | Subscriber Name |

☐ Check here if the player is not covered by a medical insurance policy. (NOTE: Medical insurance is NOT REQUIRED.)

**PLEASE READ CAREFULLY:** I/We understand that in the event of an injury, basic first aid may be administered on-site by the coach or other volunteer, who is hereby resolved of all liability for treatment. I/We further understand that in the event of an injury requiring emergency treatment, in my absence, I/We hereby authorize transportation of the above minor to a hospital or other facility of my choice for emergency medical treatment as may be necessary for his or her well being.

|                           |                   |
|---------------------------|-------------------|
| Parent/Guardian MUST Sign | Date (MM/DD/YYYY) |
|---------------------------|-------------------|