

MEDICAL RELEASE FORM

Player's Name: _____ Age: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Father's Name: _____ Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Home Phone: _____ Cell Phone: _____

In an emergency when parents can not be reached, please contact:

Name: _____ Home Phone: _____ Cell Phone: _____

Allergies: _____

Player's Pediatrician: _____ Office Phone: _____

Medical and/or Hospital Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Group #: _____

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS/USSF/CDYSL/ENYISA/ VERMONT SOCCER LEAGUE and PLATTSBURGH F. C. and any Tournament Host and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify CDYSL/ENYISA/USSF/USYS/VERMONT SOCCER LEAGUE and PLATTSBURGH F. C., 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 within the last year and has been found to be 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 or treatment and agree to be responsible financially for the reasonable cost of each assistance or treatment.

I authorize _____ and/or **Club Coaching Staff** to act as my surrogate for my child to authorize appropriate medical treatment. I also assume the financial responsibility for any medical treatment for my child

Signature of Parent/Guardian

Print Name of Parent/Guardian



**PLATTSBURGH
FOOTBALL CLUB**
P.O. Box 2013,
Plattsburgh, NY 12901
infopfcsooccer@gmail.com