

GARDEN SPOT YOUTH SOCCER CLUB MEDICAL RELEASE AND WAIVER

Season: (Check one) _____ Fall _____ Spring _____ Year: _____

As the parent/guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as doctors of medicine or dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment.

I (Check one): **authorize** **do not authorize**
the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Player's Date of Birth: ____/____/____ Date of last Tetanus Booster: ____/____/____

Known allergies of this player, including any allergies to medicine: _____

Physician Name: _____ Phone: () _____

Name of Parent/Guardian: _____

Address: _____ Phone: (H) _____

(W) _____

(Cell) _____

Person Responsible for Charges (if different than above): _____

Address: _____ Phone: (H) _____

(W) _____

(Fax) _____

Person to notify if parent/guardian is unavailable: _____

Phone: (H) _____ (W) _____ (Cell) _____

Insurance Carrier: _____ Policy #: _____

As parent/guardian of _____, I certify that s/he's present level of physical condition is consistent with the demands of active participation in soccer with the Garden Spot Youth Soccer Club (GSYSC) and attest that s/he is physically able to participate. I hereby hold the GSYSC, their coaching staff and each of their administrators, heirs and executors, successors and assigns, and *all* practice and game field owners, harmless for any and all injury or medical problem that my child might sustain. I assume the risk of injury or medical problem, and I release and waive any and all claim that might be made by me or my heirs upon the aforesaid.

I also certify that the health information supplied above is accurate and complete.

Date: _____

Signature of Parent/Guardian: _____