



Age Of Team U- B or G

**TRAVEL DIVISION SOCCER CLUB OF RIDGEFIELD**

**Valid 9/1/2011 to 8/31/2012**

\_\_\_\_\_  
Player's Name

\_\_\_\_\_  
Membership Number

**MEDICAL RELEASE AND TREATMENT FORM**

I hereby acknowledge that participation in soccer competition carries with it potential hazards. I, therefore, release the Soccer Club of Ridgefield and its teams, coaches, managers, officers, game officials and the town of Ridgefield from liability in the event of injury while engaged in play or practice under their direction, sponsorship or control.

In the event of an accident, injury, sickness, etc., I give my permission for any and all necessary medical attention to be administered to my child under the direction of the person(s) listed below, until such time as I may be contacted. This release is effective for a full soccer year commencing on or about September 1 and until a replacement medical release and treatment form is completed as required. I also hereby assume the responsibility for payment of any such treatment.

I authorize the following and their designees to authorize emergency medical treatment:

Coach \_\_\_\_\_ Phone: \_\_\_\_\_

Asst. Coach/Mgr: \_\_\_\_\_ Phone: \_\_\_\_\_

**Signed (Parent/Guardian):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Parent's Cell: (\_\_\_\_) \_\_\_\_\_ Parent's Cell: (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Employer: \_\_\_\_\_

Physician & Dentist: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Note: All players registered with the Connecticut Junior Soccer Association are covered by supplemental Accident insurance while participating in, and while traveling to and from, scheduled play or practice.