



Medical Release Form

Glastonbury Hartwell Soccer Club

Personal

Player's Name _____ Date of Birth _____

Address _____

Phone _____ Cell _____

Player's Age _____ Height _____ Weight _____

Emergency Contacts

Parents/Guardians _____

Address (if different than above) _____

Phone _____ Work _____ Cell _____

Other Contact (Relative/Friend) _____ Phone _____

Medical

Physician _____ Phone _____

Hospital Preference _____

Insurance Company _____ Policy Number _____

Known Allergies or Other Pertinent Medical Information

Parent/Guardian Consent

I am the parent or legal guardian of _____

I do hereby give my permission for the above named child to receive any and all medical treatment, assistance or care administered by an duly licensed physician or hospital in the event of an accident, injury or sickness while he/she is at a soccer game, or practice or other event conducted or sponsored by the Glastonbury Hartwell Soccer Club until such time as I may be contacted. This release is in effect for one year from the date given below. I also hereby assume the responsibility for the payment of any such treatment.

Parent/Guardian Signature _____ Date _____