

Medical Release Form



I hereby give my permission for my child _____ to participate in the Manchester Soccer Club and for any and all medical attention necessary to be administered to my child, by duly licensed physician, under whatever conditions necessary to preserve the life, limb or well being of my child.

The undersigned does hereby authorize the coach or agent of the Manchester Soccer Club to transport, as required, the above-mentioned child for any medical attention. The undersigned does hereby assume all risks and hazards incidental to my child's participation in soccer including transportation to and from activities and I do hereby waive, release and absolve the Manchester Soccer Club's officers, Board of Directors, supervisors, coaches and participants from any claim arising out of injury to my child. This includes direct, subsequent and consequential injuries.

Parent/Guardian Signature

Date

Player's Name: _____

Address: _____ Phone: _____

Alternate Contact: _____

Alternate Phone: _____

Please list any allergies (medication or food) or medical conditions of which we should be aware:

