

# The Soccer Club of Guilford

## Medical Release & Emergency Treatment

### 1. Soccer Club of Guilford, Guilford, CT - General Release

I, the parent/guardian of the registrant, hereby acknowledge that participation in soccer carries with it potential hazards. I, therefore, release, discharge, and/or otherwise indemnify the Soccer Club of Guilford and its team coaches, the officers and officials of the Soccer Club of Guilford, and any other affiliated organizations, their employees and associated personnel associated with events conducted within the Soccer Club of Guilford program of liability in the event of injury during.

**Participant's Name:** \_\_\_\_\_ **Participant's Birth Date:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Team Name:** \_\_\_\_\_

### 2. Consent for emergency medical aid and medical treatment

As the parent or legal guardian, I hereby give consent for my son/daughter \_\_\_\_\_ to receive emergency medical treatment which may be deemed advisable in the event of an accident or illness during events conducted within the Soccer Club of Guilford program during the 2010 Spring season. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Print Name(s):** \_\_\_\_\_

**Home Telephone #:** \_\_\_\_\_

**Cell Telephone(s) #:** \_\_\_\_\_

**Work Telephone(s) #:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

### 3. Medical Information

**Known Allergies: (bee, food, medicine)** \_\_\_\_\_

**Known Medical Problems: (asthma, etc.)** \_\_\_\_\_

**Date of last Tetanus immunization:** \_\_\_\_\_

**Health/Hospital Insurance:** \_\_\_\_\_

**(Name of Insurer)**

**Certificate/Policy #:** \_\_\_\_\_

**Name of Insured:** \_\_\_\_\_

**Personal Physician:** \_\_\_\_\_

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

**Telephone #:** \_\_\_\_\_

**Alternate Emergency Contact:** \_\_\_\_\_

**Alt. Emergency Contact Home Phone:** \_\_\_\_\_

**Alt. Emergency Contact Cell Phone:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Medical Considerations:** \_\_\_\_\_