



# NEW ENGLAND STORM

## Player Medical Form

**NOTE:** In the event of a medical emergency, or if a player is injured in a practice or a game, and a Parent or Legal Guardian is not present, we need to know the following medical information.

**Medical Waiver:**

I certify my son, \_\_\_\_\_ is in good health and may participate in all New England Storm team activities. It is understood that the directors, coaches, and managers are not responsible for accidents resulting in medical, dental, or any other expenses.

In case of emergency, I grant permission for my son to be given emergency care at a local hospital.

Parent or Guardian: \_\_\_\_\_, Date: \_\_\_\_\_  
Signature

**Medical Information:**

Medical Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Carrier Phone Number: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

(The person whose name the policy is on)

In the event of an emergency and the Parent or Guardian cannot be contacted, who else should we try and contact?

Person's Name: \_\_\_\_\_

Person's Phone Number: \_\_\_\_\_

Person's Relationship: \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_