



## **MEDICAL RELEASE FORM**

I hereby give my permission for any and all medical attention necessary to be administered to my child,

(Name) \_\_\_\_\_

in the event of an accident, injury, sickness, etc., under the direction of the persons listed below, until such time as I may be contacted. I assume all financial responsibilities for any expenses incurred.

**My Name:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**My Insurance company:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

In the event I cannot be reached, any of the following people may be designated to act in my behalf:

1. **Coach:** \_\_\_\_\_

2. **Assistant Coach** \_\_\_\_\_

3. **Team Manager** \_\_\_\_\_

4. **Other:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

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

I understand and accept that the risk of injury is possible while participating in athletic activities. I authorize the directors and staff of Fore Kicks to act according to their best judgment in any emergency requiring medical attention. I agree to indemnify and hold harmless anyone associated with Fore Kicks for all medical or dental expenses incurred as a result of participation in Fore Kicks activities or programs, or use of Fore Kicks facilities. I hereby acknowledge that Fore Kicks Sports Complex, its staff, referees or representatives, cannot be held responsible for any injury to my son/daughter.

**Signature**

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