**Medical Release**

For the Soccer Season of Fall of 20___ - Spring of 20____, Age Division (ie BU9) _____
I hereby give permission for any and all medical attention necessary to be administered to my child, _____ (print full name) in the event of an accident, injury, sickness, etc., under direction of the person(s) listed below until such time as I may be contacted. This release is given effective for a period of one year from the date given below. I also hereby assume responsibility for payment of any such treatment.

Recognizing the possibility of physical injury associated with soccer and in consideration for the Suffield Soccer Club accepting my child for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of my child as a result of my child's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I acknowledge that my child's playing with or from any team is wholly voluntary on the part of my child and myself and, further, I assume the responsibility for payment of any medical or dental treatment required in the event of accident, injury, sickness, etc.

Address: _____

Phone: (H) _____ (Cell) _____

Insurance Co.: _____ Policy #: _____

If I cannot be reached, any of the following is designated:

Coach: _____

Assistant Coach: _____

Manager: _____

Other: _____

Our physician is: _____ Phone: _____

Hospital of preference (if choice is available): _____

Known allergies: _____

Other information concerning medication, medical conditions:

_____

_____

_____

Parent/Guardian Name (print): _____

Parent/Guardian Name Signature: _____ Date: _____