

Gainesville Soccer Alliance Medical Release



I _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____ (Child's Name). In the event of any accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

ADDRESS: _____

HOME PHONE: _____

INSURANCE COMP: _____

POLICY NUMBER: _____

In case I cannot be reached, any of the following persons is designated to act on my behalf.

COACH(s): _____

MANAGER(s): _____

A league representative where my child is playing.

Any tournament representative where my child is participating in a tournament

PHYSICIAN/PHONE: _____

KNOWN ALLERGIES: _____

SIGNATURE (PARENT/GUARDIAN) _____

Subscribed and sworn before me, this _____ day of _____, 2013

Notary Public