



## MEDICAL RELEASE FORM

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Player's Known Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Recognizing the possibility of injury associated with soccer or futsal and in consideration for ORANGE SOCCER ACADEMY and its affiliates accepting the registrant for its soccer programs, I hereby release/discharge ORANGE SOCCER ACADEMY, affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs. \_\_\_\_\_(initial)

I agree the player listed above has received a physical examination by a physician and has been found physically capable for participating in the programs. In the event of an accident, injury, sickness, etc., I also authorize the ORANGE SOCCER ACADEMY to obtain medical treatment for my child. I hereby give my consent and permission for any and all medical attention/treatment to be the event of emergency. I agree to be responsible for the payment of any such treatment. \_\_\_\_\_(initial)

I give my permission to the ORANGE SOCCER ACADEMY to use, without limitation or obligation, photographs, film footage, or tape recording which may include my child's image or voice to purpose of promoting or interpreting the ORANGE's programs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_