

MONTGOMERY SOCCER, INC. MEDICAL RELEASE FORM

I hereby give permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. This release is effective until such time as revoked by me. I also hereby assume the responsibility for payment of any such treatment.

My address is: _____

My insurance is: _____ My policy number is: _____

In case I cannot be reached, any of the following is authorized to act in my behalf:

1. Coach _____

2. Assistant Coach _____

3. A league or Montgomery Soccer representative where my child is playing.

4. Any tournament representative where my child is playing.

Our physician is: _____ Phone: _____

Address: _____

My child's birth date: _____ Known allergies: _____

Date of last tetanus shot: _____ Parent's phone:(H) _____ (W) _____

This form is not required to be notarized but notarization is strongly recommended.

Signature (Parent/Guardian): _____

Subscribed and sworn (affirmed) before me this _____ day of _____ .

My commission expires: _____

Notary Public