

New Scotland Soccer Club, Inc.
MEDICAL RELEASE FORM

Function: New Scotland Soccer Club, Inc. activities involving practices, scrimmages, CDYSL league games, tournaments, and all other activities sanctioned by the Club, its officers, and coaches

Session/Season: _____

Player Information

Name: _____

Address: _____

Birth Date: _____

Parent Phone (home): _____ (cell) _____

Doctor Information

Doctor's Name: _____

Practice Name, Address, Phone #: _____

Emergency Contact Information

In case of emergency notify: _____

Emergency Phone (home): _____ (cell) _____

Personal Medical Information

Medical problems that should be known by your child's Coach (such as allergies/drug reactions):

HOLD HARMLESS PROVISION

I, as the parent or guardian of the player above named, and on behalf of myself and the player, understand that the coaches and other staff of the New Scotland Soccer Club, Inc. are volunteers who donate their valuable time so that the players can have the opportunity to play and learn the game of soccer. In consideration of the opportunity to play and in acknowledgement of the donation of their valuable time, I do, for myself, my heirs, executors, administrators and assigns, forever release and discharge and hold harmless the New Scotland Soccer Club, Inc., its Directors, Coaches, and other staff, its agents, employees, officers, heirs, assigns, estate and successors, from all claims, demands, and liability of every kind and nature whatsoever, legal or equitable, including negligence, occasioned by or arising out of the activities engaged in by the player in any of the above name functions.

Signature of Parent or Guardian: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the unlikely event that medical attention may be necessary for my/our child, I/we recommend the following:

I, the parent or guardian of _____, give my consent for emergency medical/dental treatment of my child. I assume financial responsibility for any medical treatment of my child.

Signature of Parent or Guardian: _____ Date: _____