



Medical Release

*** PARENTS/GUARDIANS MUST REMAIN AT THE FIELD***

Player Name: _____ Date of Birth _____

Date of last Tetanus Booster _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (EMT, First Response, E.R).

Family Physician _____ Phone: _____

In case of an Emergency contact:

Name _____ Phone: _____ Relationship _____

Please list any allergies/medical problems/medications.

I am the parent/guarding of _____, on whose behalf I have submitted the attached application for participation in TOPSoccer. I hereby represent that he/she has my permission to participate in TOPSoccer. I further represent and warrant that to the best of my knowledge and belief, he/she is physically and mentally able to participate in TOPSoccer. I also understand that my child is participating in Topsoccer at his/her own risk. I do not hold (insert STATE ASSOCIATION or Club) liable of any injury that may occur.

Parent or Guardian Signature: _____ Date: _____