



MEDICAL RELEASE FORM

Function: _____

Player's Name: _____

Address: _____

City: _____ State: NY Zip Code: _____

Birth Date: _____ Gender: F ☐ M ☐

Parent / Guardian Information

Name: _____

Phone: _____ Cell: _____ email: _____

Primary Medical Insurance Company: _____

Policy #: _____

Known allergies or other pertinent medical information: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for the C.I.S.C. and its affiliates accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify C.I.S.C., its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Program's and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant _____ and/or _____ permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of Parent/guardian: _____ Date: _____

Subscribed and sworn to me on this: _____ Day of _____ 20_____

Signature _____ My commission expires: _____

Notary Public