

COLD SPRING HARBOR/HUNTINGTON SOCCER CLUB

MEDICAL RELEASE FORM

I hereby give my permission for any and all medical attention necessary to be administered to my child (Child's Name) _____ 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 for that period of time during which my child participates in activities approved by the Cold Spring Harbor/Huntington Soccer Club. I also hereby assume responsibility for payment of any such treatment.

My address is _____ Zip _____

Home Phone () _____ Work Phone () _____

My insurance company is _____

My policy number is _____

In case I can not be reached, either of the following is designated:

Coach:

Physician Name _____ Phone () _____

Physician Address _____ Zip _____

Known Allergies _____

Name of parent or guardian (PRINT) _____

Signature of parent or guardian _____

Subscribed and sworn to before this _____ day of _____

Notary Public _____