



## 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: \_\_\_\_\_