

LANSING SOCCER CLUB, Inc.
Lansing, NY 14882

Youth are League Members of New York State West Soccer Association, are affiliated with the United States Youth Soccer Association, United States Soccer Federation and FIFA. Established 2001.

MEDICAL RELEASE FORM

I hereby give my permission for any and all medical attention necessary to be administered to my child (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. I also hereby assume the responsibility for payment for any such treatment.

My address: _____

Home telephone: _____ Alternate phone: _____

Email: _____

My Insurance Policy Name: _____

My Insurance Policy Number: _____

Child's physician: _____

Address: _____

Telephone: _____

Child's known allergies, existing medical conditions, current medications, and/or considerations that might affect choice of medical treatment or ability to play: _____

In case I cannot be reached, any of the following person(s) is designated to act in my behalf:

Alternate contact: _____

Relationship: _____ Phone: _____

Coach name: _____

Assistant Coach name: _____

Team Manager name: _____

A league representative where my child is playing, named: _____

Any tournament representative where my child is participating in a tournament (Y/N):

Signature (Parent/Guardian): _____

Date: _____

GIVE FORM TO YOUR TEAM MANAGER. DO NOT MAIL IT TO THE CLUB