

**LANSING SOCCER CLUB, Inc.**  
19 Aspen Way, Ithaca, NY 14850

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.

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**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.

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

My Insurance Policy Name: \_\_\_\_\_

My Insurance Policy Number: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

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: \_\_\_\_\_

Head Coach: \_\_\_\_\_

Assistant Coach: \_\_\_\_\_

Team Manager: \_\_\_\_\_

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):** \_\_\_\_\_

**Print (Parent/Guardian):** \_\_\_\_\_

**Date:** \_\_\_\_\_

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