



Medical Release

Player's Name: _____

Address: _____

Phone: _____

Medical condition:

Additional information:

1. As the parent or legal guardian of the above-named player (hereinafter referred to as "the player"), I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.
2. Notwithstanding the above condition, I request that Pinelanders Youth Soccer Club ("The Club") allow the player to participate in recreational soccer activities (games and practices), and I agree that I will not hold The Club responsible for any medical emergency, or any medical condition that may arise as a result of this participation either now or in the future. I understand that soccer is a physical contact sport, and that participation may result in injury by contact with another person, a fast-moving ball, a goal post or some other object.
3. If so requested by the player's coach, I agree to be present at all games and practices attended by the player, to provide supervision and consultation as needed.
4. I agree to inform The Club of any changes in the player's condition. This release is not governed by a time limit; however I agree to request and complete a new Medical Release form at the start of each season, or more frequently if so warranted by a change.
5. I understand that the coach may choose to exercise judgment in reducing the player's participation in any game or practice by requiring him/her to take rests. This item supersedes The Club's normal rules concerning playing time.

Signed: _____ **Date:** _____

Print name: _____

Relationship to player: _____

Subscribed and sworn to me this _____ **day of** _____ **20**_____

Signature: _____ **My commission expires:** _____

Notary Public