



MEDICAL RELEASE FORM

First Name	M.I.
Last Name	Birth Date
Address	Zip
City	State
Phone Number	Cell
Email	
Father's Name	Mother's Name
Insurance Company	
Policy #	Group #
Physician	Phone #
Known Allergies	
Know Medical Conditions	

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility and doctor of medicine, dentistry and associated personnel provide the application/participant with medical assistance and treatment and agree to be financially responsible for the cost of such assistance and treatment. I understand treatment for injury will be based on information provided them herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted.

I recognize the possibility of physical injury associated with soccer, and hereby release, discharge and otherwise indemnify Dayton Dutch Lions FC, its coaches, and associated personnel, including the owners of fields and facilities utilized, against any claim by and on behalf of the soccer player named above as a result of the players participation.

Print Parent	Signature Parent
Signature Date	