



Dunedin Stirling Soccer Club
981 Jerry Lake Court
Dunedin, FL 34698

Medical Release Form

Authorization

I, _____ (Parent/Guardian) hereby give permission for any and all medical attention to be administered to my child _____ (Child's Name) in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

Player Information

Parent(s) Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Alt. Phone _____
Insurance Carrier _____
Subscriber _____
Policy # _____ Group # _____

In case I cannot be reached, any of the following persons is designated to act on my behalf:

- Coach, Assistant Coach or Team Manager
- Any league or tournament representative where my child is playing

Child's Physician _____
Physician's Address _____
Phone # _____ Known Allergies _____

Notarized

Signature of Parent/Guardian _____ Date _____

State of Florida, County of _____

On this the ____ day of _____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that she/her executed the same of the purposes therein contained.

WITNESS my hand and official seal.

Signature of Notary Public