STOWE SOCCER CLUB

2009 MEDICAL RELEASE FORM

Instructions: Please print and complete *a separate form for each child* and return completed form to your child's coach prior to first training session or game.

Player's Name: _____ School Grade: _____

Male / Female: _____ Age: _____ Date of Birth: _____/_____/_____

Parent / Guardian Name and Contact Information:

Name: _____ Home: _____ Work: _____ Cell:_____

Name: _____ Home: _____ Work: _____ Cell:_____

Home Mailing Address:

_____

Email Address(s):

Name: _____ Email: _____

Name: _____ Email: _____

Emergency Contact Information *(other than parent /guardian)*:

Name: _____ Home: _____ Work: _____ Cell:_____

Relationship to child: _____

Player's Doctor: _____ Phone: _____

Primary Medical Insurance Company: _____

Known allergies or other pertinent medical information:

Recognizing the possibility of physical injury associated with soccer and in consideration for Stowe Soccer Club (SSC), Vermont Soccer Association (VSA), US Youth Soccer (YSYS) / US Soccer Federation (USSF) and it's affiliates accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify SSC, VSA, USYS/USSF and the Stowe Soccer Club, their affiliated organizations and sponsors, and their officers, employees, volunteers, and all associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant Stowe Soccer Club volunteers and/or_____ permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of Parent/Guardian:_____ **Date:**_____