



Lionville Soccer Club Medical Release

Player's Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Phone: _____

Medical Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Group #: _____

EMERGENCY INFORMATION (Please include Area Code)

Father's Name: _____ Mother's Name: _____

Father's Home Phone: _____ Mother's Home Phone: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

In an emergency, when parents cannot be reached, please contact:

Name: _____

Home Phone: _____ Alternate Phone: _____

In an emergency, when I am not present, I authorize the following to act on my behalf:

Coach: _____

Assistant Coach: _____

Team Manager: _____

A League Representative where my child is playing

A Tournament Representative where my child is playing

Parent's Approval and Medical Release

Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and/or otherwise indemnify the Lionville Youth Association and Lionville Soccer Club, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of the fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the travel soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the travel soccer program. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Parent/Guardian Signature

Date