



# Byron Bergen Sting Soccer Club

## Standard Medical Release Form

### Player Info

Player \_\_\_\_\_

Male  Female

Age Group

Elementary  Jr High

JV  Varsity

### Parent Guardian Info

Parent Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Phone \_\_\_\_\_

### Insurance Information

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Telephone \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

### Physician Hospital Information

Physician \_\_\_\_\_

Phone \_\_\_\_\_

Hospital \_\_\_\_\_

Phone \_\_\_\_\_

### Medical Information

Please list any known medical conditions or allergies

Please list any medications currently being used

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby give permission for any and all medical treatment necessary for my son/daughter in the event of an injury/accident under the discretion of medical personnel until I can be notified. This medical information form is for the Byron-Bergen Sting Indoor Soccer Tournament held at the Byron-Bergen Middle/High School. I release all persons associated with the Byron-Bergen Central School, Byron-Bergen Sting Soccer Club, Byron Bergen Sports Booster and the Gillam Grant Community Center from any and all legal responsibilities. In no event shall any the above named organizations, their volunteers, employees or other responsible representatives be liable for damages, including without limitation any direct, indirect, incidental, special, exemplary, punitive or consequential damages arising out of participating or attending this event.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_