**YARMOUTH COLTS SOCCER CLUB**

**MEDICAL RELEASE**

To: The Yarmouth Colts Soccer Club:

I hereby acknowledge that participation in soccer competition carries with it potential hazards. I therefore release the Yarmouth Colts Soccer Club, its team coaches, officers, directors and officials of the Yarmouth Colts/Safe Passage 4v4 Soccer Blast, the Soccer Blast sponsoring entities and their officers and participants, the Town of Yarmouth and its officials, from any and all liability of whatever kind in the event of any injury to me during the 2019 Yarmouth Colts/Safe Passage 4v4 Soccer Blast.

Participant’s Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONSENT FOR MEDICAL EMERGENCY MEDICAL AID AND MEDICAL TREATMENT I hereby give consent for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to receive emergency medical treatment which may be deemed advisable in the event of injury, accident or illness during the Yarmouth Colts/Safe Passage 4v4 Soccer Blast, September 28th, 2019, and thereafter, as may be deemed necessary, including being admitted to any hospital or medical facility for diagnosis and treatment. I hereby authorize physicians, dentists and staff, including technicians and nurses, to perform diagnostic and treatment procedures, operative procedures and X-ray treatment of the above named child as they may deem appropriate and necessary in the circumstances.

**MEDICAL INFORMATION**

Known Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known Medical Problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance & Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. #: \_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that, if possible, I will be notified by telephone of any emergency treatment required.

Parent/Guardian’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Tel. #’s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team/Club

Affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_