

Damascus Soccer Club
 Authorization and Medical Release Form



PLAYER INFO	Child's Name:	Sex: M F	Grade:	DOB:	
	Address:				
	Parents' Names:				
	US Citizen?	Y	N	Social Security Number:	
	Home Phone:		Alternate Phone:		
	Insurance company:		policy number:		

CONTACTS	point of contact:	name and phone number:
	emergency (other than parent):	
	physician:	
	dentist:	

INFO	known allergies or other pertinent medical information:

RELEASE	<p>Recognizing the possibility of physical injury associated with soccer and in consideration of the Damascus Soccer Club, Inc., accepting my child for its soccer programs and activities (the "Programs"), I hereby release, discharge and otherwise agree to indemnify the Damascus Soccer Club, Inc., its affiliated organizations and sponsors, trustees, employees and associated personnel, including the owners of fields and facilities used for the Programs, against and from any claim by or on behalf of the registrant. I hereby authorize participation in the Programs and/or being transported to or from the same.</p> <p>My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.</p> <p>Therefore, I grant _____ and/or _____ or any Damascus Soccer Club, Inc., coach, Officer or Board Member permission to act as my surrogate for my child for the purpose of obtaining medical treatment by a hospital and/or a doctor or medicine or dentistry. I also assume the financial responsibility for any medical and/or dental treatment rendered to my child.</p>	
	Signature of Parent or Guardian:	
	Date:	