



TARPON FC MEDICAL RELEASE FORM

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child, _____ (Child's Name) in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

INSURANCE CO: _____

POLICY/ID NUMBER: _____

In case I cannot be reached, any of the following persons are designated to act on my behalf.

* COACH: _____

* ASST. COACH: _____

* MANAGER: _____

* A league representative where my child is playing or participating in a tournament.

PHYSICIAN NAME: _____ PHONE: _____

ADDRESS: _____

MEDICAL CONDITIONS: _____

KNOWN ALLERGIES: _____

SIGNATURE: _____ DATE: _____

(PARENT/GUARDIAN)