

CLYO SOCCER MEDICAL RELEASE FORM

PLEASE PRINT CLEARLY – Must be completed before participation

PLAYER INFORMATION

Player Name:
Date of Birth: Age: League / Division:

PARENT / LEGAL GUARDIAN INFORMATION

Full Name:
Relationship to Player:
Street Address:
City / State / Zip:
Primary Phone: Secondary Phone:
Email Address:

EMERGENCY CONTACTS

Contact #1 Name: Relationship:
Phone Number:
Contact #2 Name: Relationship:
Phone Number:

MEDICAL INFORMATION

Primary Care Physician / Phone:
Health Insurance Provider:
Hospital Preference: CLOSEST AVAILABLE

AUTHORIZATION & LIABILITY

I authorize Conneaut Local Youth Organization (CLYO) Soccer to obtain emergency medical treatment for my child if I cannot be reached and accept responsibility for all medical expenses incurred. I release and hold harmless CLYO Soccer, its officers, coaches, volunteers, and affiliates from any and all liability arising from participation.

PARENT / LEGAL GUARDIAN SIGNATURE

Signature: Printed Name:
Date: