



Weston FC Medical Release

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 a 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: _____

City _____, Florida ZIP _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Insurance Co: _____

Policy Number: _____

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

- Coach: _____
- Asst Coach: _____
- Manager: _____
- League representative where my child is playing:
- Any tournament representative where my child is participating in a tournament.

Physician: _____

Address: _____

Phone: _____

Known Allergies: _____

Signature (Parent/Guardian) _____

Date: _____

Subscribed and sworn before me, this _____ day of _____ 20____

Notary Public