



120 Magellan Ave, San Francisco, Ca. 94116
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Director: Tom Simpson sfseals@gmail.com
Administion: Anna Livesey sfuscadmin@gmail.com

MEDICAL RELEASE: High School Camp
Please write legibly, this is important

Primary Email Address: _____ Who: _____

Note: we communicate through Google Groups: <http://groups.google.com/group/san-francisco-seals-juniors> This email address will be entered into the Group for communication purposes. There are profiles for each player. We expect each player to keep his or her profile up to date as a backup for contact information in case of an emergency.

Player's Name _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

High School: _____ Year in School: _____ Coach: _____

Personal Cell of player: _____ (If applicable)

In emergency call: In order of preference

Tel: _____ Name: _____ Relationship: _____

Tel: _____ Name: _____ Relationship: _____

Tel: _____ Name: _____ Relationship: _____

Medical Information

Allergies	Other Medical Conditions
Additional:	

Physician		Tel
Medical/Hospital Insurance Company		
Policy Holder's Name		Policy Number

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

In the case of an emergency, I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, San Francisco Seals, San Francisco United Soccer Club, their sponsors, and affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in SF Seals and/ or SFUSC programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent / Guardian Signature: _____ **Date:** _____

Print Name of Parent or Guardian who signs authorization: _____