



120 Magellan Ave, San Francisco, Ca. 94116
 Telephone/Fax: 415-564-1016
 Email: sfscsoccer@gmail.com
<http://groups.google.com/group/san-francisco-seals-juniors>

Jr. SEALS: PLAYER'S MEDICAL INFORMATION

Player's Name				Birthdate			
Street Address		City		State		Zip	

Email Address: _____ (print clearly)

Email Address (alt): _____ (print clearly)

Parents (Guardian) Names and Telephone numbers: Please identify as "home," "work," "cell," or other.

		Tel	Type	Tel 2	Type
Father's Name					
Mother's Name					

Emergency contact: please provide name and identify telephone numbers:

Name					
Name					

Allergies					
Other Medical Conditions					

Physician		Office		Pager (if avail)	
Medical/Hospital Insurance Company				Phone	
Policy Holder's Name				Policy Number	

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

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, their sponsors, the University of San Francisco and its 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 Junior Seals programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent / Guardian Signature

Date

	(Relation to player: father, mother, guardian)
--	------------------------------------------------

Print Name of Parent or Guardian who signs authorization: _____