



SPENCERPORT SOCCER CLUB

PO Box 210 • Spencerport, NY • 14559



Spencerport Indoor Soccer Tournament Medical Release Form

Player: _____ Team: _____

Age Group: _____ D.O.B: _____

Parent/Guardian: _____

Street: _____

City/State/Zip: _____

Home #: _____ Work #: _____

Insurance Company: _____

Telephone: _____

In case a parent/guardian cannot be reached in the event of an emergency, the following is designated to act on my behalf:

Name: _____ Relationship: _____

Home #: _____ Work: _____

Physician: _____ Phone: _____

Hospital: _____ Phone: _____

Known medical problems and allergies: _____

I hereby give permission for any and all medical treatment necessary for my child in the event of an injury/accident under the discretion of medical personnel until I can be notified. This medical information form is for the Spencerport Indoor Soccer Tournament held at Cosgrove Middle School. I assume all responsibility for payment of such treatments. I release all persons associated with Spencerport Soccer Club and Spencerport Central School District from any and all legal responsibilities.

Parent/Guardian Signature: _____ Date: _____