

**HAMDEN SOCCER ASSOCIATION**  
**MEDICAL RELEASE FORM**

As parent or legal guardian of (name of player) \_\_\_\_\_, I request in my absence the above named player be admitted to any hospital or medical facility for diagnosis and treatment and to be transported to such facilities. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above player. I have not been given a guarantee as to the results of the examination or treatment.

I acknowledge that the player playing with or for any Hamden Soccer Association Club team is wholly voluntary on the part of the player and myself and further I assume the responsibility for any and all payments of the medical and dental procedures or treatment and the emergency transportation required in the event of an accident, injury, sickness, etc.

Player's Birth Date : \_\_\_\_\_ Date of Last Tetanus Booster : \_\_\_\_\_

Known Allergies (include medicine) : \_\_\_\_\_

Known Medical Problems : \_\_\_\_\_

Physician : _____ Address: _____ Phone: (    ) _____	Dentist : _____ _____
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Parent/Guardian : \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone :      home : \_\_\_\_\_      work : \_\_\_\_\_

Person responsible for payment of bills and fees (if different from above)  
Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone :      home : \_\_\_\_\_      work : \_\_\_\_\_

Insurance Carrier : \_\_\_\_\_ Policy # : \_\_\_\_\_

Person to notify if parent/guardian is unavailable:

Name: \_\_\_\_\_ home phone: \_\_\_\_\_ work phone: \_\_\_\_\_

Name: \_\_\_\_\_ home phone: \_\_\_\_\_ work phone: \_\_\_\_\_

Signature of Parent/Guardian : \_\_\_\_\_ Date : \_\_\_\_\_