

# *North San Diego Futbol Club*

## *2010 Medical Release Form*

Player Name:

Address:

City:

Zip Code:

Date of Birth:

### *PARENT INFORMATION*

Parent's Name:

Address: (If Different)

Home Phone:

Work Phone:

Email Address:

Known Medical Problems:

Known Allergies (Including Medicines):

Physician:

Phone:

Dentist:

Phone:

How did you hear about North San Diego Futbol Club?

### *MEDICAL EMERGENCY WAIVER:*

As parent or legal guardian of (name of player) \_\_\_\_\_, I acknowledge that the player playing with or for any North San Diego Futbol Club activity 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.

Parent or Guardian Signature:

Date:

### *FOR OFFICIAL USE*

*Age Group:*

*Bib #:*

*Officials Initials:*