

**Guilderland United Soccer Club  
Medical Release Form**

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_

**Medical Information**

Medication Currently Taking: \_\_\_\_\_

Medical Condition: \_\_\_\_\_ (if none, please indicate NONE in space)

Notify in Case of Emergency:

(Name) \_\_\_\_\_ Phone \_\_\_\_\_

MOM CELL \_\_\_\_\_

DAD CELL \_\_\_\_\_

Physician (Name) \_\_\_\_\_ Phone \_\_\_\_\_

I, the parent/legal guardian of the registrant, agree that I and the registrant will abide by the rules of Guilderland United Soccer Club. Recognizing the possibility of physical injury associated with soccer and in consideration for the Guilderland United Soccer Club accepting the registrant for its soccer program. I hereby agree that I and the registrant have assumed full responsibility for any injuries which might occur to him or her in connection with registrant's participation, including but without limitation, any claim for the personal injuries resulting from or arising out of the program.

As the parent/legal guardian of the above player, I hereby give my consent for any necessary emergency care, given whatever conditions are necessary to preserve life, limb or well being of registrant.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date