

FPYC SOCCER TOURNAMENT MEDICAL RELEASE FORM

Club Name: _____

Team Name: _____

Coach: _____ Phone: _____

Division: _____

PARENT RELEASE FOR THE CARE AND TREATMENT OF PLAYERS

I give my permission for any and all emergency medical treatment, which in the judgment of a physician, may be deemed necessary, in the event of an accident, injury, sickness, etc. to my child until such time as I may be contacted. I also assume responsibility for payment of any treatment which is rendered.

Parent's Authorization for Coaches, Physicians and Medical Facility.

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Parent's Phone Number:	
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