



Greater Seattle Surf Medical Release Form

Parents: Complete this form and return it to your player's Team Manager.

Coaches/Managers: Keep forms with players at all Greater Seattle Surf events. In the event of injury requiring emergency medical attention, this form should accompany the player to the medical facility.

PLAYER'S NAME	BIRTH DATE	MALE FEMALE (CIRCLE)
ADDRESS	CITY	ZIP
DOCTOR'S NAME		DOCTOR'S PHONE
REGULAR MEDICATIONS		
DATE OF LAST PHYSICAL EXAM		
Do you have any specific health problems (i.e. vision or hearing loss, allergies, drug reactions, convulsions). If YES , please explain:		
MOTHER'S NAME	MOTHER'S HOME PHONE	MOTHER'S CELL PHONE
FATHER'S NAME	FATHER'S HOME PHONE	FATHER'S CELL PHONE
INSURANCE COVERAGE (COMPANY)	GROUP #	INSURANCE ID #
EMERGENCY CONTACT		EMERGENCY CONTACT'S PHONE

Medical Release: The undersigned hereby does authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for me by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my health.

I understand and agree that there is the possibility of physical injury associated with soccer, and in consideration for GS Surf accepting me for its soccer program and activities, I hereby release, discharge and/or otherwise indemnify GS Surf, its affiliated organizations, member clubs and sponsors, their employees, associated personnel and volunteers, including the owners of fields and facilities utilized for any such program, against any claim by or on behalf of myself as a result of my participation in the program.

NAME (PLEASE PRINT)

SIGNATURE

DATE