



Greater Seattle Surf Medical Release Form 2018/2019

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 NAME	BIRTH DATE	MALE FEMALE (CIRCLE)
ADDRESS	CITY	ZIP
PARENT/GUARDIAN - 1 NAME	PARENT - 1 HOME PHONE	PARENT - 1 CELL PHONE
PARENT/GUARDIAN - 2 NAME	PARENT - 2 HOME PHONE	PARENT - 2 CELL PHONE
Have you ever been rendered unconscious or suffered a concussion? Yes / No		
How many times? When?		
Have you ever suffered a back injury? Yes / No		
If yes, when?		
Have you ever been diagnosed, by a Doctor, with any serious medical conditions or any condition that may impact your ability to participate in athletic competitions? Yes / No		
If yes, what and when?		
ALLERGIES	REGULAR MEDICATIONS	DATE OF LAST TETANUS BOOSTER
DOCTOR'S NAME	DOCTOR'S PHONE	
INSURANCE COVERAGE (COMPANY)	INSURANCE PHONE	
POLICY HOLDER	POLICY #	GROUP #

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

I understand and agree that there is the possibility of physical injury associated with soccer, and in consideration for GS Surf accepting my son/daughter 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 son/daughter's participation in the GS Surf program.

SIGNATURE OF PARENT/GUARDIAN

DATE