



MEDICAL RELEASE FORM

I hereby give my permission for any and all medical attention necessary to be administrated to my child,

(Name) _____

in the event of an accident, injury, sickness, etc., under the direction of the persons listed below, until such time as I may be contacted. I assume all financial responsibilities for any expenses incurred.

My Name: _____

My Address: _____

Home Phone: _____ **Work Phone** _____

My Insurance company: _____ **Policy #** _____

In the event I cannot be reached, any of the following people may be designated to act in my behalf:

1. **Coach:** _____

2. **Assistant Coach** _____

3. **Team Manager** _____

4. **Other:** _____

Physician's Name: _____ **Phone #** _____

Address: _____

I understand and accept that the risk of injury is possible while participating in athletic activities. I authorize the directors and staff of Fore Kicks to act according to their best judgment in any emergency requiring medical attention. I agree to indemnify and hold harmless anyone associated with Fore Kicks for all medical or dental expenses incurred as a result of participation in Fore Kicks activities or programs, or use of Fore Kicks facilities. I hereby acknowledge that Fore Kicks Sports Complex, its staff, referees or representatives, cannot be held responsible for any injury to my son/daughter.

Signature

(Parent/Guardian) _____ **Date:** _____