



Wappinger United Soccer Club

Fall 2008 - Spring 2009

Medical Release Form



| Coach / Team Information | |
|--------------------------|--|
| Age Group | |
| Team Name | |
| Team Color | |
| Coaches Name | |
| Assistant Coach | |
| Assistant Coach | |

Instructions

- 1 - A parent or guardian must sign this form before their child can participate in a practice or game
- 2 - Please keep this form with you at all practices and games
- 3 - If your assistant coach(s) will be running any practices or games in your absence, please give them a copy of the completed form
- 4 - If players are added to the team after the start of the season, please make sure to get the parent or guardian signature the first time you meet that player
- 5 - If the parent or guardian lists any medical problems or prohibitions for a player that you are not comfortable with, please notify the Age Group Director and ask for his/her advice

Consent for Medical Treatment (Minor)

As the parent or legal guardian of the player named below, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

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|--|-------------|-----------------------------|------|
| 1 | Player Name | Parent / Guardian Signature | Date |
| Additional Information (Medical info, special circumstances, etc.) | | | |
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| 2 | Player Name | Parent / Guardian Signature | Date |
| Additional Information (Medical info, special circumstances, etc.) | | | |
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| 3 | Player Name | Parent / Guardian Signature | Date |
| Additional Information (Medical info, special circumstances, etc.) | | | |
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| 4 | Player Name | Parent / Guardian Signature | Date |
| Additional Information (Medical info, special circumstances, etc.) | | | |
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| 5 | Player Name | Parent / Guardian Signature | Date |
| Additional Information (Medical info, special circumstances, etc.) | | | |
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| 6 | Player Name | Parent / Guardian Signature | Date |
| Additional Information (Medical info, special circumstances, etc.) | | | |
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|--|-------------|-----------------------------|------|
| 7 | Player Name | Parent / Guardian Signature | Date |
| Additional Information (Medical info, special circumstances, etc.) | | | |
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|--|-------------|-----------------------------|------|
| 8 | Player Name | Parent / Guardian Signature | Date |
| Additional Information (Medical info, special circumstances, etc.) | | | |
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| 9 | Player Name | Parent / Guardian Signature | Date |
| Additional Information (Medical info, special circumstances, etc.) | | | |
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| 10 | Player Name | Parent / Guardian Signature | Date |
| Additional Information (Medical info, special circumstances, etc.) | | | |
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| 11 | Player Name | Parent / Guardian Signature | Date |
| Additional Information (Medical info, special circumstances, etc.) | | | |
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| 12 | Player Name | Parent / Guardian Signature | Date |
| Additional Information (Medical info, special circumstances, etc.) | | | |
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| 13 | Player Name | Parent / Guardian Signature | Date |
| Additional Information (Medical info, special circumstances, etc.) | | | |
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| 14 | Player Name | Parent / Guardian Signature | Date |
| Additional Information (Medical info, special circumstances, etc.) | | | |
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| 15 | Player Name | Parent / Guardian Signature | Date |
| Additional Information (Medical info, special circumstances, etc.) | | | |
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| 16 | Player Name | Parent / Guardian Signature | Date |
| Additional Information (Medical info, special circumstances, etc.) | | | |
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| 17 | Player Name | Parent / Guardian Signature | Date |
| Additional Information (Medical info, special circumstances, etc.) | | | |
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|--|-------------|-----------------------------|------|
| 18 | Player Name | Parent / Guardian Signature | Date |
| Additional Information (Medical info, special circumstances, etc.) | | | |
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