



Lanier Soccer Association
PO Box 962, Gainesville, GA 30503
2500 Allen Creek Road, Gainesville, GA 30507

MEDICAL RELEASE FORM

I, _____ (Parent/Guardian's name) hereby give permission for any and all medical attention to be administered to my child, _____ (child's name) in the event of an accident, injury or sickness, etc., under the direction of the people listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

ADDRESS: _____

HOME PHONE: _____ CELL: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____ NAME OF INSURED: _____

In case I cannot be reached, any of the following individuals are designated to act on my behalf.

- COACH: _____
- ASSISTANT COACH: _____
- TEAM MANAGER: _____
- Any league representative where my child is playing.
- Any tournament representative where my child is participating in competition.

PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

KNOWN ALLERGIES: _____

Signature (Parent / Guardian) _____ Date: _____

Subscribed and Sworn before me,

This _____ day of _____, _____

Notary Public

(Notary only needed if any particular competition requires)