

**NORTH SHORE SOCCER CLUB, INC.**

P.O. Box 452 Glen Head, New York 11545

Member of:  
Long Island Junior Soccer League, Inc.

Affiliations:  
Eastern New York Youth Soccer Association  
United States Youth Soccer Association

**Medical Release Form for:.....**

The undersigned Parent/Guardian of the named child hereby authorizes any officers, coach, or agents of the North shore soccer Club, the State Youth Association and any affiliated Associations to transport as required the above minor to and from and association sponsored activities including but limited to athletic and social events.

I assume all risks and hazards incidental to such participation in soccer including transportation to and from activities and I do hereby waive, release and absolve the organizers, sponsors, supervisors and participants from any claim arising out of injury to the above named child, except to the extent and the amount covered by b accident or liability insurance. I Understand that the insurance provided through North Shore soccer Club’s league affiliation is supplemental coverage and is subject to a deductible provision.

I hereby give my permission for any and all medical attention necessary to be administered to my child, (child name).....in the event of an accident, injury, sickness, etc. under the direction of the person(s) listed below, until such time as I may be contacted. This release is effective until revoked by me. I also hereby assume responsibility for payment of any such treatment.

My address is: \_\_\_\_\_  
Telephone Numbers: Home ( ) \_\_\_\_\_ Office ( ) \_\_\_\_\_  
My insurance company is: \_\_\_\_\_  
My policy number is: \_\_\_\_\_

In case I cannot be reached, either of the following is my designated representative:

Coach: \_\_\_\_\_ ( ) \_\_\_\_\_  
[Name, Telephone]  
\_\_\_\_\_  
[Address]  
Assistant Coach: \_\_\_\_\_ ( ) \_\_\_\_\_  
[Name, Telephone]  
\_\_\_\_\_  
[Address]

Our physician is: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Known Allergies:  
\_\_\_\_\_  
\_\_\_\_\_

Most recent tetanus immunization: \_\_\_\_\_

Signed: \_\_\_\_\_  
[Parent]

Subscribed and sworn to before me this \_\_\_ day of \_\_\_\_\_