



MEDICAL RELEASE

(Please type or print in black ballpoint pen)

I give permission for Dynamo Soccer Club officials, any coach, or their designated representative to obtain any and all medical attention necessary for the below-named child in the event of an accident, injury, sickness, etc., until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.

Child's FULL Name/Address

Phone Number _____

Birthdate _____

*Guarantor's Name (Required)

Address/Phone Number (if different from child)

Relationship to Child _____

Physician's Name/Address/Phone Number

Known allergies or medical concerns

Employer's Name/Address

Health Insurance Company

Policy # _____

Please notify the following person if you are unable to locate me:

Name _____

Phone # _____

Guardian Signature: _____

Hospital Preference:

Date _____

***THIS MEDICAL RELEASE IS EFFECTIVE THROUGH THE END OF THE 2019-2020 TRAVEL SOCCER YEAR**