



# TLFC Medical Release Form



PLAYER \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of last Tetanus Booster \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone # H \_\_\_\_\_ W (Father) \_\_\_\_\_ W (Mother) \_\_\_\_\_

Email Address \_\_\_\_\_ Mobile # ( F) \_\_\_\_\_ (M) \_\_\_\_\_

Known allergies of this player, including any allergies to medicine

\_\_\_\_\_

Any other medical problems which should be noted

\_\_\_\_\_

Family Physician \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Person to notify if parent/guardian is unavailable \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_ FAX \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy and Group Numbers \_\_\_\_\_

## **Consent Statement: Authorizing Treatment**

As the parent/legal guardian of \_\_\_\_\_, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named player.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_



# TLFC Authorization & Release



I, \_\_\_\_\_, the natural or adopted parent or legal guardian of \_\_\_\_\_, hereby  
player's name

authorize The Tri-Lake Futbol Club to release and publish information concerning \_\_\_\_\_ in either a printed  
player's name

Brochure or on the Tri-Lake Futbol Club website. I understand information to be disseminated according to this authorization includes the following:

Agree Disagree First Name, Last Initial

Agree Disagree Photograph

Agree Disagree Soccer Honors

Agree Disagree Publicity notice of achievement(s)/awards (local newspaper and/or television station)

Further, I hereby release The Tri-Lake Futbol Club its officers, directors, board members, trainers, managers, employees, agents, representatives and volunteers from any and all legal responsibility or liability for the release or dissemination of the information as authorized in this document. My signature acknowledges and agrees with the above statement.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN