

**NEW LEBANON SOCCER CLUB
MEDICAL RELEASE FORM**

Player Name: _____

Health Insurance Company:

Policy Number: _____

Group#: _____

In the event I cannot be reached, any of the following are designated to act in my behalf (please enter the name, area code and phone number of person you would like us to contact in the event of an emergency if you can't be reached.)

Coach: _____

Other: _____

Our physician is: _____

Address: _____

Phone Number: _____

Known allergies or Medical Problems (please be specific): _____

Signature: _____ Date ___/___/___

(PARENT/GUARDIAN)

Print Name: _____