



MEDICAL RELEASE FORM

2011-2012

Player's Name _____ Home Phone _____

Address _____ City/Zip _____

Parent/Guardian Name _____ Relationship _____

Parent/Guardian Address _____ City/Zip _____

Email Address _____

Mothers Home Phone _____ Work Phone _____

Fathers Home Phone _____ Work Phone _____

Person To Notify In Case of Emergency _____

Home Phone _____ Work Phone _____

Doctor To Notify In Emergency _____ Phone _____

Hospital Preference, if any _____ City _____

List Any Medical Problems Or Conditions Player Has (include allergies and medications currently taking)

Family Insurance Information:

Insurance Company _____ Child's Birth Date _____

Address _____ City/State/Zip _____

Subscriber Name _____ Do You Have A Dental Program _____

Subscriber Number _____ Group Number _____

Subscriber Address _____ City/Zip _____

I hereby give my consent for all medical care prescribed by a duly licensed Doctor of Medicine for the above minor as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. To the best of the undersigned's knowledge, all of the above information is true and accurate.

Signed _____ Date _____

Players True Age _____ Team Player Trying out for _____

A player who has not made payment arrangements before the first practice session will not participate with the team. Payment options can be found on the Registration page on the Thunder FC web-site.

Signed _____ Date _____