



**Penn Fusion**  
Soccer Academy

## **AUTHORIZATION FOR MEDICAL TREATMENT AND RELEASE STATEMENT**

My Signature below authorizes my permission as parent/guardian of \_\_\_\_\_,  
(Player's name)

A minor for whom I have legal custody, for the holder of this form to obtain medical or dental care for the above named minor as needed in my absence from a recognized medical facility and/or a licensed physician or dentist.

### **Player Medical Information**

Existing medical problems, if any: \_\_\_\_\_

Allergies, if any: \_\_\_\_\_

Physician and phone number: \_\_\_\_\_

Dentist and phone number: \_\_\_\_\_

Medicine currently being taken: \_\_\_\_\_

Insurance company and Id. number: \_\_\_\_\_

Parent/Guardian Emergency contact information:

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Additional Emergency contact information (other than Parent/Guardian):

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Furthermore, recognizing the possibility of physical injury associated with soccer, my signature also serves to release, discharge, and/or otherwise indemnify the Penn Fusion Soccer Academy, Spirit United Soccer Club, West Chester United Soccer Club, its coaches, the EPYSA/USYSA, USCS, affiliated soccer organizations, clubs and teams along with employees, volunteers, coaches, and associated personnel of the above organizations against any claim by or on behalf of the above named player. My child has received a physical examination by a physician and has been found physically capable of participating. This release shall remain in effect in an on going basis from year to year.

### **PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD & ATTACH TO THIS FORM**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_