



PLAYER EMERGENCY MEDICAL RELEASE FORM

THIS MEDICAL RELEASE FORM MUST BE NOTARIZED

I, as the parent or legal guardian of (player) \_\_\_\_\_, hereby give consent to his/her participation in the Seminole Shooting Stars Soccer Program during the 20\_\_ – 20\_\_ soccer season. I hereby assume all risks and hazards incidental to such participation including transportation to and from all related activities and do hereby further waive, release, absolve, and agree to hold harmless Seminole Shooting Stars Soccer Association organizers, sponsors, supervisors, participants and persons transporting my son/daughter.

I hereby authorize any licensed hospital or licensed medical physician to perform any preliminary examination or render any emergency treatment which may be necessary in the event that my son/daughter shall be injured while participating in the Seminole Shooting Stars Soccer Program, without contacting me first.

My son/daughter has the following medical problems, is prescribed the following medication(s), which should be noted: \_\_\_\_\_

Allergies: \_\_\_\_\_

Date of last tetnus shot: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

I have medical coverage for my child.

Name of insurance company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

***Please note: Notary will be available at Registration***

Notary Public

State of Florida, County of Pinellas

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public, State of Florida, duly commissioned and sworn, personally appeared \_\_\_\_\_ known to me and to be the person whose name he/she executed the same. IN WITNESS WHEREOF, I have set my hand and affixed by official seal.

\_\_\_\_\_  
**NOTARY PUBLIC, STATE OF FLORIDA**