



**LEGION FUTBOL CLUB (LFC)**  
**MEDICAL RELEASE FORM (Version April 2021)**

I, \_\_\_\_\_ (Parent/Guardian's Name), hereby give permission for any and all medical attention to be administered to my child \_\_\_\_\_ (child's name) in the event of accident, injury, sickness, etc., under the direction of the person (s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

**Home Address:** \_\_\_\_\_

**City / State / Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

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

In case I cannot be reached, any of the following persons are designated to act on my behalf:

- \* **Legion FC Trainer/Coach conducting Practice/Game Session**
- \* **Legion FC/CGSA Director of Coaching**
- \* A league representative where my child is playing.
- \* Any tournament representative where my child is participating in a tournament.

**Players Physician:** \_\_\_\_\_

Physician Address: \_\_\_\_\_

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

**Known Allergies:** \_\_\_\_\_

**Signature (Parent/Guardian):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\* DOES NOT NEED TO BE NOTARIZED \*\***