

## MEDICAL RELEASE (signed via TGS registration)



I hereby give my permission for any and all medical attention necessary to be administered to my child, \_\_\_\_\_ (player'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. This release is effective immediately for the **2023-2024 Season**. I also assume responsibility for the payment of any such treatment.

MY ADDRESS: \_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_

CELL #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MY INSURANCE COMPANY IS: \_\_\_\_\_

MY INSURANCE POLICY NUMBER IS: \_\_\_\_\_

In case I cannot be reached, any of the following is designated to act in my behalf:

1. TEAM COACH: \_\_\_\_\_

2. TEAM MANAGER: \_\_\_\_\_

3. LEAGUE REPRESENTATIVE  
WHERE MY CHILD IS PLAYING: \_\_\_\_\_

MY CHILD'S PHYSICIAN IS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

KNOWN ALLERGIES OR OTHER MEDICAL PROBLEMS: \_\_\_\_\_

SIGNATURE (PARENT / GUARDIAN) \_\_\_\_\_

DATE \_\_\_\_\_

### ATLANTA FIRE UNITED SOCCER ASSOCIATION

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