

DUNELAND SOCCER CLUB
PARENTAL PERMISSION & MEDICAL RELEASE

FOR: _____

Please Print Child's Name above line

Father's Name _____	Cell Phone _____
Home Phone _____	Work Phone _____
Address: _____	

Mother's Name _____	Cell Phone _____
Home Phone _____	Work Phone _____
Address: _____	

Primary email: _____

If parents are divorced, what is the custody agreement?

My child, _____, has my permission to participate in the activities of the Duneland Soccer Club's practices, games and transportation to and from said activities by individuals affiliated with the Duneland Soccer Club. He/she is in good physical condition and has not had any serious illness or operation since his/her last health examination.

Furthermore, if I cannot be reached in the event of an emergency, I authorize the Coach or his representative to act on my behalf. I give my permission for my child to be treated in a hospital or convenience center in case of an emergency. I hereby agree to save harmless and indemnify the Duneland Soccer Club and the above named persons from any and all expenses arising out of treatment in said hospital or convenience center.

Parent/Guardian Signature _____
date

Please indicate any allergies, medications, disabilities, special concerns and/or health restrictions:

Physician Name: _____ Phone: _____

Date last tetanus: _____ Date last physical exam: _____