



Gulf Coast United Soccer Club

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 Gulf Coast United Soccer Club during the _____ 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 Gulf Coast United 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 Gulf Coast United 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 Tetanus shot: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

I have medical coverage for my child.

Name of insurance company: _____ Policy Number: _____

I, the parent/guardian of the registrant, agree that we will abide by the rules of GYSA, FYSA, and its affiliated programs. My/our child wishes to participate in soccer during the season of registration. I/we realize the risks are involved in my/our child's participation. I/ we understand that the risk to my/our child includes full range of injuries, and the result can be death paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation.

Parent /Guardian Signature: _____

Notary Public

State of Florida, County of Pinellas On this _____ day of _____, 200__, before me, a Notary Public, State of Florida, duly commissioned and sworn, personally appeared _____ known to me and to be the person whose name the he/she executed the same. IN WITNESS WHEREOF, I have set my hand and affixed by official seal.

NOTARY PUBLIC, STATE OF FLORIDA