



"Developing excellence and character through commitment to the game"

**2009-2010  
MEDICAL RELEASE**

(Please type or print in black ballpoint pen)

*I give permission for the Directors of FC Richmond, any coach, or their designated representative to obtain any and all medical attention necessary for the below-named child in the event of an accident, injury, sickness, etc., until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.*

Child's FULL Name/Address

\*Guarantor's Name (Required)  
Address/Phone Number (if different from child's)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Birthdate \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Physician's Name/Address/Phone Number

Employer's Name/Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Known allergies or medical concerns

Health Insurance Company

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Policy # \_\_\_\_\_

Please notify the following person if you are unable to locate me:

Name \_\_\_\_\_

Phone # \_\_\_\_\_

**\*\*FORM MUST BE NOTARIZED WITH SEAL\*\***

Guardian's  
Signature: \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Date \_\_\_\_\_

My commission expires: \_\_\_\_\_

Guardian's address and/or phone number  
(if different from child's):

Notary Public

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

\*Guarantor – person in whose name insurance coverage or payment is guaranteed.

Phone # \_\_\_\_\_

**THIS MEDICAL RELEASE IS EFFECTIVE FROM THE DATE NOTARIZED THROUGH THE END OF THE 2009-2010 SOCCER YEAR (AUGUST 31, 2010)**