

Attach a 1" x 1" Face  
only picture here

## Adirondack Soccer Club Medical Form

Please fill a separate form for each player registered

Date \_\_\_\_\_

Player's Name \_\_\_\_\_ Birth date \_\_\_\_\_

### Medical Information:

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

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

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Allergies or medical problems:

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**I hereby give permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, ect.; under the direction of any ASC representative until such time that I can be contacted.**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

Persons to be contacted in the event of an emergency.

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_