

**DECORAH UNITED SOCCER CLUB RELEASE FORM
2018**

Player's Name: _____ Date of Birth: _____

Address: _____ City: _____ St: ___ Zip: _____

EMERGENCY INFORMATION

Parent/Guardian Name: _____ 1st Phone: _____ 2nd Phone: _____

Parent/Guardian Name: _____ 1st Phone: _____ 2nd Phone: _____

In an emergency, when parent/guardian cannot be reached, please contact:

Name: _____ 1st Phone: _____ 2nd Phone: _____

MEDICAL INFORMATION

Date of last tetanus booster: _____ Allergies: _____

Other Medical Conditions: _____

Medical Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy Number: _____

Player's Physician: _____ Phone: _____

CONSENT FOR MEDICAL TREATMENT

As the parent/legal guardian of the above named player, I request that in my absence the above named play be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and X-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named player.

Signature of parent/guardian: _____ Date: _____

CONSENT FOR PHOTOGRAPHY

As the parent/legal guardian of the above named player, I authorize Decorah United Soccer Club to include my child in photos on our club website and social media. DUSC families often share team photos and action shots of our players during the season. These photos may be shared among the soccer club, the website and social media.

Signature of parent/guardian: _____ Date: _____