

**LANSING SOCCER CLUB, Inc.**  
Lansing, NY 14882

Youth are League Members of New York State West Soccer Association, are affiliated with the United States Youth Soccer Association, United States Soccer Federation and FIFA. Established 2001.

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**MEDICAL RELEASE FORM**

I hereby give my permission for any and all medical attention necessary to be administered to my child (NAME)\_\_\_\_\_ in the event of an accident, injury, sickness, etc. under the direction of the person(s) listed below, until such time as I may be contacted. I also hereby assume the responsibility for payment for any such treatment.

My address:\_\_\_\_\_

Home telephone:\_\_\_\_\_ Alternate phone:\_\_\_\_\_

Email:\_\_\_\_\_

My Insurance Policy Name:\_\_\_\_\_

My Insurance Policy Number:\_\_\_\_\_

Child's physician:\_\_\_\_\_

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

Telephone:\_\_\_\_\_

Child's known allergies, existing medical conditions, current medications, and/or considerations that might affect choice of medical treatment or ability to play:\_\_\_\_\_

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

In case I cannot be reached, any of the following person(s) is designated to act in my behalf:

Alternate contact: \_\_\_\_\_

Relationship:\_\_\_\_\_ Phone:\_\_\_\_\_

Coach name:\_\_\_\_\_

Assistant Coach name:\_\_\_\_\_

Team Manager name:\_\_\_\_\_

A league representative where my child is playing, named:\_\_\_\_\_

Any tournament representative where my child is participating in a tournament (Y/N):

**Signature (Parent/Guardian):**\_\_\_\_\_

**Date:** \_\_\_\_\_

**GIVE FORM TO YOUR TEAM MANAGER. DO NOT MAIL IT TO THE CLUB**