



Mint Hill Soccer Club  
 9700 Brief Road  
 Mint Hill, NC 28227

## MEDICAL RELEASE & WAIVER

### PLAYER'S MEDICAL INFORMATION

Player's Name:	Birth Date:	Gender:	Female	Male
Street Address:	City:			
State:	Zip :	Email Address:		
Parent Name:	Home Phone:	Bus Phone:		
Email Address:	Cell Phone:	Receive texts?	Yes	No
Parent Name:	Home Phone:	Bus Phone:		
Email Address:	Cell Phone:	Receive texts?	Yes	No

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

Name:	Phone 1:	Phone 2:
Name:	Phone 1:	Phone 2:

Please list Allergies the player has:

Please list other medical conditions:

Physician	Phone 1	Phone 2
Medical/Hospital Insurance Company	Phone	
Policy Holder's Name	Policy Number	

### MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify Mint Hill Soccer Club (MHSC), Mint Hill Athletic Association (MHAA), USSF & NCYSA and their sponsors, its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in Mint Hill Soccer Club programs and/or being transported to or from the same, which transportation I hereby authorize.

I understand that no medical or health insurance coverage is provided by MHSC and that I, as parent/guardian of my child, am responsible for all medical and insurance costs. Further, I hereby consent to emergency medical care for my child.

I hereby represent that I have read and understand the above and have been given an opportunity to ask questions, and if so, they have been answered satisfactorily. I hereby execute this Release and Understanding fully and with no reservations.

**Parent/Guardian Signature:** \_\_\_\_\_  
 Relation to player:  Father  Mother  Guardian

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

