
Informed Consent & Medical Release Form

Hanover Soccer Club • PO Box 254 • Hanover, PA 17331 • www.hanoversoccerclub.net

Child's Name: _____ DOB: _____

Known Medical Conditions: _____

I hereby give my permission for my child listed above to participate in the sport of soccer with the **Hanover Soccer Club**. I also give my consent for any and all necessary medical attention to be administered to my child 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 assume responsibility for payment of any such treatment.

In the event I cannot be reached, the following person(s) are so designated:

Name: _____ Name: _____

Relation: _____ Relation: _____

Address: _____ Address: _____

Phone: () _____ Phone: () _____

Physician: _____ Phone: () _____

Address: _____

Insurance Co.: _____ Policy #: _____

My child and I are aware that participating in soccer is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to: falls, contact with other participants, the effect of weather, traffic, and other reasonable risk conditions associated with this sport. All such risks to my child are known and understood by me.

Name: _____ Home Phone: () _____

Address: _____ Work Phone: () _____

_____ Cell Phone: () _____

Email: _____

I understand this informed consent and medical release form and agree to its conditions on behalf of my child.

Signature: _____ Date: _____

Return completed form to your coach. Coaches must have this form in their possession at all practices and games. A copy of this form is needed for each child participating.