



All-In FC

5885 Cumming Hwy. Ste 108-77
Sugar Hill, GA 30518

www.allinfc.com
(770) 335-1341

I hereby give permission for any and all medical attention necessary to be administered to my child, _____ (Child's Name) in the event of an incident, illness, injury, etc. under the direction of the person (s) listed below, until such time I may be contacted. This release is effective for one year from the date given below. I also assume responsible for the payment of any such payment.

Address: _____

Telephone: _____ (Home)
_____ (Cell)

Insurance Company: _____

Policy Number: _____

In case I cannot be reached, any of the following are designated to act in my behalf:

- Head Coach
- Assistant Coach
- Team Manager
- Any league representative where my child is playing
- Any tournament representative where my child is participating in a tournament

My Child's Care Physician: _____

Address: _____

Phone: _____

Known Allergies: _____

Parent/Guardian Signature: _____ Date: _____

Subscribed and sworn before me,

This _____ day of _____, 20____