

Florida Elite Soccer Academy Tallahassee Medical Release Form 2023-24



I / We _____ (parent(s)/guardian(s) name(s))
hereby give permission for any and all medical attention to be administered to my child
_____ (child/player name) in the event of an accident,
injury, illness, etc. under the direction of the person(s) listed below until such time as I/we may be
contacted. I assume the responsibility for the payment of any such treatment. This release is effective
for the period of one year from the date given below.

I HAVE READ THIS RELEASE, FULLY UNDERSTAND ITS TERMS, AND THAT I HAVE GIVEN SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Dated this _____ day of _____, 2023.

Player Name

Parent(s)/Guardian(s) Signature

Cell/Work Phone

Parent(s)/Guardian(s) Printed Name

Home Phone

Address (include Street, City & Zip code)

In the event I cannot be reached, the following persons may act on my behalf as stated above:

Name

Relationship (i.e. Coach)

Name

Relationship (i.e. Coach)

EMERGENCY CONTACT

Name

Contact Phone

Medical Conditions/Allergies

Primary Medical Insurance Company

Name of the Primary insured/policy holder

Policy Number

Address (include Street, City & Zip code)

Insurance Contact Phone #