



Bainbridge Island Youth Soccer Club dba Bainbridge Island FC

PO Box 10949, Bainbridge Island, WA 98110 - (888) 360-9908 www.bifc.net

MEDICAL RELEASE FORM

As the parent or legal guardian of _____, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. I hereby authorize Bainbridge Island Youth Soccer Club/Bainbridge Island FC and its coaches to act on my behalf in accordance with their best judgment in any emergency requiring medical attention. I hereby waive and release Bainbridge Island Youth Soccer Club/Bainbridge Island FC, its board members, and its coaches from all liability for any injuries or illness incurred by my child while participating in youth soccer activities.

Date of Players Birth ____/____/____ Date of last Tetanus Booster ____/____/____
Month Day Year Month Day Year

Known allergies of this player, including any allergies to medicine _____

Any other medical problems _____

Family Physician _____ Phone () _____ - _____

Name of Parent/Guardian _____

Address _____

City/State/Zip _____

Phone Home _____ Cell _____ Work _____

Person responsible for charges (if different from above) _____

Address _____

City/State/Zip _____

Phone Home _____ Cell _____ Work _____

Person to notify if parent/guardian is unavailable _____

Phone Home _____ Cell _____ Work _____

Insurance Carrier _____ Policy Number _____

Signature of Parent/Guardian _____