



Texarkana Soccer Association
P.O. Box 6183, Texarkana, TX. 75505
903-223-KICK(5425) TexarkanaSoccer.com
2008/2009

Player Medical Release Form

Player's Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____

Emergency Information

Father's Name _____ (H) Phone _____ (W/C) Phone _____
Mother's Name _____ (H) Phone _____ (W/C) Phone _____

In an emergency when parents cannot be reached, please contact:

Name _____ (H) Phone _____ (W/C) Phone _____
Name _____ (H) Phone _____ (W/C) Phone _____

Medical Information

Allergies _____

Other medical conditions _____

Player's Physician _____ Phone # _____

I hereby give my consent for the above named player to be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize emergency personnel, and/or doctor of medicine or dentistry to provide my son/daughter with medical assistance and/or treatment.

Signature of Parent/Guardian _____ Date _____