



United Futbol Academy

PO Box 1168
 Cumming, GA 30028
 www.UnitedFA.org
 678-648-7033

TOPSoccer Medical Authorization/Release

Important Note: The following information is required in the event that medical treatment or hospital Emergency Room Treatment is needed for the player named below. The information contained herein will be kept in the strictest confidence and will be used only to facilitate medical treatment in the event the player named below is injured. Failure to complete the following information will mean the player named below will NOT be eligible to participate in TOPSoccer practices and games.

Player Contact Information

Last Name				First Name		
Date of Birth <small>MM/DD/YYYY</small>		Height		Weight		

Parent/Guardian Information

Parent/Guardian Name(s)						
Address						
City				Zip		
Home PH#		Work PH#		Cell PH#		

Emergency Contact Information

Emergency Contact				Relationship to Player		
Home PH#		Work PH#		Cell PH#		

Physician Information

Family Physician				Office PH#		
Address				City/State/Zip		
Hospital Preference						

Medical/Insurance Information

Known allergies and medical conditions:						
Hospitalization Insurance Company						
Policy #				Subscriber Name		

Check here if the player is not covered by a medical insurance policy. (NOTE: Medical insurance is NOT REQUIRED.)

PLEASE READ CAREFULLY: I/We understand that in the event of an injury, basic first aid may be administered on-site by the coach or other volunteer, who is hereby resolved of all liability for treatment. I/We further understand that in the event of an injury requiring emergency treatment, in my absence, I/We hereby authorize transportation of the above minor to a hospital or other facility of my choice for emergency medical treatment as may be necessary for his or her well being.

Parent/Guardian MUST Sign				Date (MM/DD/YYYY)		
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NOTE: Medical Fact Statement must also be filled in completely.