



LEVITTOWN SOCCER CLUB  
 P.O. BOX 325  
 LEVITTOWN, NY 11756  
 www.levittownsoccerclub.org

## MEDICAL RELEASE

I hereby give my permission for any and all medical attention necessary to be administered to my child, \_\_\_\_\_ in the event of an accident, injury, or sickness under the direction of the person(s) listed below until such time that I may be contacted. I also hereby assume responsibility for the payment of any such treatment.

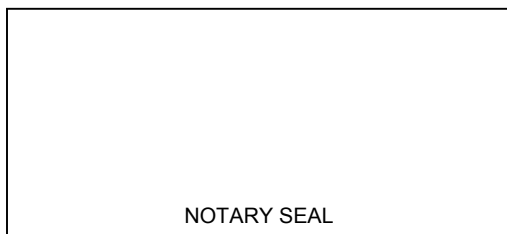
Parent/Guardian	
Address	
Phone – home	
Phone – business	
Phone - cell	
Insurance Company	
Policy Number	

In the event that I cannot be reached, either of the following is designated:

Coach	
Assistant Coach	
Family Physician	
Address	
Phone	
Known Allergies or Medical Conditions	

X \_\_\_\_\_  
 Signature of parent or legal guardian

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_



X \_\_\_\_\_  
 Signature of Notary Public