
Grissom High School Soccer Team Release Form

Player's Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Birthdate: _____

Allergic to any medication? _____

If yes, state: _____

Wear contacts? _____ Suffer from hay fever? _____ allergies? _____ asthma? _____

Does player take medication? _____

Health history that may assist person in charge should this player become sick?

Player's physician: _____ Phone: _____

We **DO** ____ **DO NOT** ____ have health or accident insurance.

Name of insurance company: _____

Policy or group number: _____

Name of parent or guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Work Phone: _____

IN CASE OF EMERGENCY PLEASE NOTIFY: _____

Relationship: _____ Phone: _____

If above cannot be notified please notify: _____

Relationship: _____ Phone: _____

I hereby authorize medical/surgical treatment of _____.
In case of any emergency, illness, or accident I accept all responsibility and liability for any occurrence during participation while with the Grissom High Soccer Team.

I give permission for my student to ride with any licensed adult driver who is associated with Grissom Soccer or Grissom High School.

Signature of parent/guardian: _____ Date: _____