



Buffalo City Football Club

40 Autumn Creek Lane
Apartment D
East Amherst
New York 14051

Tel: (716) 270-7767
Web: www.buffalocityfc.com

MEDICAL RELEASE

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Player's 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 which should be noted _____

Family Physician _____ Phone _____

Name of Parent/Guardian _____

Address _____

City/State/Zip _____

Phone H _____ W _____ FAX _____

Person responsible for charges (if different from above) _____

Address _____

City/State/Zip _____

Phone H _____ W _____ FAX _____

Person to notify if parent/guardian is unavailable _____

Phone H _____ W _____ FAX _____

Insurance Carrier _____ Policy Number _____

My son/daughter has had a physical recently and may participate in all activities during the Buffalo City FC Soccer Clinics. I further agree that the Buffalo City FC staff should be held harmless from and indemnified against any and all liability, cost claims, loss or damage which it or they may incur as a result of an accident or injury to my child.

Signature of Parent/Guardian: _____ Date: _____