

SUMMIT Soccer Club

IDENTIFICATION / MEDICAL CARD (ID/MED Card)

Each SUMMIT Soccer participant is required to complete the identification card below.

1. Please print or type the necessary information
2. Please include a recent photo of your son / daughter and paper clip it to this form. A passport-sized photo or wallet-sized picture from the shoulders up, please.
3. Remember to sign the form.

The player's picture will be placed on the back of this card and it will be laminated and kept in the First Aid Kit at all practices and games. However, in the event of a medical emergency, we want to be sure that we can provide the best care possible to players..

PLEASE PRINT NEATLY.

SUMMIT Soccer ID – MEDICAL CARD

In the event of an emergency, I hereby authorize medical services be rendered to my child as deemed necessary by the attending physician.

PLAYER _____ DOB _____ / _____ / _____ PHONE (_____) _____

ADDRESS _____ CITY _____, MI ZIP _____

COMMENTS _____

ALLERGIES, MEDICAL CONDITIONS, MEDICATIONS

IN CASE OF EMERGENCY CONTACT:

PARENT/GUARDIAN: _____

PHONE: _____ ALTERNATE PHONE: _____

ALTERNATE EMERGENCY CONTACT: _____

PHONE: _____ ALTERNATE PHONE: _____

I hereby give consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the above named player with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the above named player to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of injury associated with soccer, and hereby release, discharge and otherwise indemnify Summit Soccer Club and employees, contractors, volunteers and/or the associated personnel of this organization against any claim by or on behalf of the soccer player named above as a result of this player/s participation in Summit Soccer Club. I am authorized to give this consent.

Signature: _____ Relationship to Player _____

Date: _____