

**Northern United Soccer Club
Mountain Mayhem Soccer Tournament
Medical Form**

Please fill a separate form for each player registered.
You may use your own club form.

Date _____

Player's Name _____ Club/Academy _____

Team _____ Birth date _____

Medical Information:

Insurance Company:

Policy Number:

Physician: _____ Phone: _____

Known Allergies or medical problems:

I hereby give permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc. under the direction of any Northern United Soccer Club representative until such time that I can be contacted.

Signature: _____ Date _____

Parent/Guardian

Persons to be contacted in the event of an emergency.

Name: _____ Phone _____

Relationship: _____ Cell Phone _____

Name: _____ Phone _____

Relationship: _____ Cell Phone _____