



zoroastrian sports committee

The 7th Zoroastrian Unity Cup Soccer Tournament
Medical Release Form

Name: _____ Date of Birth: _____

Phone: _____ E-Mail: _____

Address: _____

(Street)

(City, State)

(Zip Code)

While participating in the ZSC Unity Cup, in the case of an emergency, I hereby consent to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician, ZSC Physician on Call)*

Family Physician: _____ Phone: _____

Existing Medical Coverage: _____

In case of emergency please contact:

Name, Phone, Relationship to Player

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Please list any allergies/medical problems/health issues, including those requiring maintenance medications. (i.e. Diabetic, Asthma, Seizure Disorder).

The purpose of this information is to ensure that medical personnel have details of any medical problem that may interfere with or alter treatment.

Medical Diagnosis, Medication, Frequency of Dosage (if applicable):

I hereby contend that all of the above information is true and accurate to the best of my knowledge.

Date: _____

Player's Signature (Legal Guardian if player is under 18 years of age)

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Zoroastrian Sports Committee Activities.

***If player is under the age of 18 years, the player's parent or legal guardian must sign and consent on the player's behalf.**