

**Maine Metro F.C. Premier
Player Information and Consent for Medical Treatment (Minor)**

****COACH: THIS COPY MUST COME WITH YOU TO THE FIELD! ****

Player's Full Name _____ Home Phone _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Father: Home Phone _____ Business Phone _____

Mother: Home Phone _____ Business Phone _____

Doctor's Name _____ Phone _____

In an Emergency when parents cannot be reached, please contact:

Name _____ Relationship _____ Phone _____

List any medical problems or prohibition player has: _____

Consent for Medical Treatment (Minor)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine, or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of Parent or Guardian:

X _____ Date: _____

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