

**SCOR Travel Program  
Medical Release and  
Treatment Form**

\_\_\_\_\_  
*Player's Name*  
\_\_\_\_\_

**Valid 2022/09/01 to 2023/08/31**

**Age Group (e.g. Boys U11)**

I hereby acknowledge that participation in soccer competition carries with it potential hazards. I, therefore, release the Soccer Club of Ridgefield and its teams, coaches, managers, officers, game officials and the town of Ridgefield from liability in the event of injury while engaged in play or practice under their direction, sponsorship or control.

In the event of an accident, injury, sickness, etc., I give my permission for any and all necessary medical attention to be administered to my child under the direction of the person(s) listed below, until such time as I may be contacted. This release is effective for a full soccer year commencing on or about September 1st and until a replacement medical release and treatment form is completed as required. I also hereby assume the responsibility for payment of any such treatment.

**Authorized Designee Info (information provided by SCOR)**

<b>Coach's Name:</b>	<b>Phone:</b>
<b>Asst. Coach/ Manager's Name:</b>	<b>Phone:</b>

**Player's Contact Information**

<b>Home Address:</b>	
<b>Home Phone:</b>	<b>Work Phone:</b>
<b>Parent's Cell:</b>	<b>Parent's Cell:</b>

**Player's Insurance Information**

<b>Insurance Company: Employer:</b>
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**Player's Medical Information**

<b>Physician's Name:</b>	<b>Physician's Phone:</b>
<b>Dentist's Name:</b>	<b>Dentist's Phone:</b>
<b>Known Allergies:</b>	

**Authorization**

<b>Parent/Guardian Name: Date:</b>	<b>Parent/Guardian Signature:</b>
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Note: All players registered with the Connecticut Junior Soccer Association are covered by supplemental Accident insurance while participating in, and while traveling to and from, scheduled play or practice.