



FC BOSNA

fcbosna.com | Manchester, NH

MEDICAL RELEASE FORM

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Please complete all sections of this form. A parent or legal guardian must sign this form for all participants under 18.

1 PLAYER INFORMATION

Player's Full Name: _____ Date of Birth: _____
Age: _____ Phone: _____
Team / Program: _____ Season / Year: _____
Address: _____
City: _____ Zip Code: _____

2 PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: _____ Relationship to Player: _____
Email: _____ Phone: _____

3 EMERGENCY CONTACT #1

Contact Name: _____ Relation to Player: _____
Daytime Phone: _____ Evening Phone: _____

4 EMERGENCY CONTACT #2

Contact Name: _____ Relation to Player: _____
Daytime Phone: _____ Evening Phone: _____

5 MEDICAL INFORMATION

Allergies: _____
Drug Sensitivity or Allergy: _____
Seizure Disorder (Y/N): _____ Asthma (Y/N): _____
Orthopedic Injuries or Disorders: _____
Chronic Medical Problems: _____
Current Medications: _____
Special Health Concerns: _____
Special Health Concerns (cont.): _____

6 INSURANCE INFORMATION

Insurance Company: _____ Policy Number: _____

7 PHYSICIAN INFORMATION

Physician Name: _____ Physician Phone: _____



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8 CONSENT & AUTHORIZATION

I hereby certify that the above-mentioned participant is in good health and fully able to participate in all activities of FC Bosna, including practices, games, camps, clinics, and tournaments. I agree that FC Bosna, its directors, coaches, trainers, volunteers, and affiliated organizations will not be held responsible for any accident, injury, or loss to the participant however caused. I hereby release FC Bosna from all claims or damages which may arise from any accident, injury, or loss.

I consent to have the administrators and coaching staff of FC Bosna act on my behalf should any emergency arise, and hereby grant permission to said administrators to authorize medical attention as recommended by a physician, nurse, or hospital. I understand that I am responsible for all medical expenses incurred on behalf of my child and that FC Bosna does not carry medical insurance for individual participants.

I hereby grant to FC Bosna the right to use and publish photographs and video recordings taken during training sessions, games, camps, clinics, and other club events involving the above-mentioned participant for editorial, advertising, and web use.

By signing below, I acknowledge and agree to the following:

- I certify that the participant is in good health and able to participate in all FC Bosna activities.
- I agree to the Release of Liability and will not hold FC Bosna responsible for any accident or loss.
- I grant Emergency Medical Authorization to FC Bosna staff to seek treatment if I cannot be reached.
- I grant Photo & Video Release permission for editorial, advertising, and web use.
- I confirm that all medical information provided is accurate and complete.
- I understand I am responsible for all medical expenses incurred on behalf of my child.

SIGNATURE

Parent/Guardian Signature: _____

Date: _____

Print Name: _____

Legal Disclaimer: This medical release form is provided as a standard protective document for youth soccer participation with FC Bosna (Manchester, NH). It is intended to authorize emergency medical treatment and provide essential health information to coaching staff. This document does not constitute legal or medical advice. FC Bosna recommends consulting with a qualified physician regarding your child's fitness for athletic activity. By signing, you acknowledge that you have read, understand, and agree to the contents of this medical release form.