

# Medical Release Form

Please fill out and give to your child's coach at the first practice.

I give my son/daughter permission to participate in the activities of the **Heart Iowa Soccer Club**. My son/daughter's coaches have permission to seek emergency medical treatment medical treatment if, in their opinion, it is necessary.

**Players Name:** \_\_\_\_\_

**Parent/Guardian**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_