Framingham United Soccer Club 2007
Memorial Day Sportsmanship Classic

MEDICAL RELEASE FORM

Coaches should reproduce this form and have each player compete this medical release form.

PLEASE NOTE: Since registration will now be before your first game, COACHES MUST HAVE THESE FORMS COMPLETED AND MAILED OR FAXED BACK (508-872-4634) BEFORE MAY 21, 2007. The coach at ALL tournament games MUST carry the original forms.

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Player's Birth _____/_____/_____ Date of last Tetanus Booster _____/_____/_____
Month Day Year *Month Day Year*

Known allergies of this player, including any allergies to medicine _____

Any other medical problems that should be noted _____

Family Physician _____ Phone _____

Name of Parent/Guardian _____
Address _____
City/State/Zip _____
Phone (H) _____ (W) _____ (Email) _____

Person responsible for charges (if different from above) _____
Address _____
City/State/Zip _____
Phone (H) _____ *(W)* _____ *(Email)* _____

Person to notify if parent/guardian is unavailable _____
Phone (H) _____ (W) _____ (Email) _____

Insurance Carrier _____ Policy Number _____

Signature of Parent/Guardian _____

GENERAL RELEASE

I hereby acknowledge that participation in soccer competition carries with it potential hazard. I therefore release the Framingham United Soccer Club and it's team coaches, the officers and officials of the Tournament, and the Town of Framingham, of liability in the event of injury during the Framingham United Soccer Club's Memorial Day Sportsmanship Classic Tournament.

Participant's signature _____
Participant's Birthdate _____

Parent/Guardian's signature _____

Team Name / Age Group / Division _____
Soccer Club Affiliation _____

Date _____