

**Framingham United Soccer Club 2011**  
**30<sup>th</sup> Annual Memorial Day Classic**  
**MEDICAL RELEASE FORM**

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

**PLEASE NOTE:** Since registration will now be before your first game, COACHES MUST HAVE THESE FORMS COMPLETED AND BRING WITH YOU TO REGISTRSTION. MAKE A COPY WE KEEP ORIGINALS WITH YOUR ROSTER. 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 \_\_\_\_\_