

**Memorial Day Classic – 33rd Annual
MEDICAL RELEASE FORM**

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

PLEASE NOTE: Since registration is now be before your first game, COACHES MUST HAVE THESE FORMS COMPLETED AND BRING WITH YOU TO REGISTRATION. MAKE A COPY AS 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 / / *Month Day Year* Date of last Tetanus Booster / / *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 _____