

North Central 4v4 Tournaments

Medical Release Form

A copy of a current medical release form used by another club or MYSA
will be accepted in place of this form

Player's Name _____ Date of Birth _____ Gender M F

Address _____ Town _____ State _____ Zip Code _____

Contact Information

Father's Name _____ Home Phone _____ Work Phone _____

Mother's Name _____ Home Phone _____ Work Phone _____

In an emergency when parents cannot be reached, please contact:

Name _____ Home Phone _____ Work Phone _____

Medical Information

Allergies _____

Other medical conditions _____

Player's Physician _____ Phone _____

Primary Medical Insurance Company _____

Policy Holder _____ Policy # _____ Group # _____

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for accepting the registrant for this activity, I hereby release, discharge and/or otherwise indemnify the North Central 4v4 Tournament, its affiliated organizations and sponsors, their employees, volunteers, and associated personnel, including the owner of fields and facilities utilized for the activity against any claim by or on behalf of the registrant as a result of the registrant's participation in the activity.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the activity. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the cost of each assistance and/or treatment.

Signature of Parent or Guardian

Date