



MEDICAL RELEASE FORM

Saturday, May 2, 2009 & Sunday, May 3, 2009

PLEASE NOTE: YOU MUST USE THIS FORM UNLESS YOUR MEDICAL RELEASES ARE NOTARIZED

Personal _____

Player's Name _____ Birth Date _____

Address _____

_____ Telephone _____

Player's Age _____ years Height _____ ft _____ in Weight _____ lbs

Emergency Contacts _____

Parents/Guardians Name _____

Address (if different from above) _____

Telephone _____ Work Telephone _____

Other Contact (Relative/Friend) _____ Telephone _____

Medical _____

Physician Name _____ Telephone _____

Hospital Preference _____

Insurance Company _____ Policy Number _____

Known Allergies or Other Pertinent Medical Information _____

Parent/Guardian Consent _____

I am the parent or legal guardian of _____, and I do hereby give my permission for the above named child to receive any and all medical treatment, assistance or care administered by any duly licensed physician or hospital in the event of an accident, injury or sickness while he/she is at the Glastonbury Hartwell Soccer Club's Spring Warm Up Tournament until such time as I may be contacted. This release is in effect for the tournament dates above. I also hereby assume the responsibility for the payment of any such treatment.

Parent/Guardian Signature _____ Date _____