

## Columbus Day Tournament Player Information and Medical Release Form

Player's Name: \_\_\_\_\_ Date of Birth : \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Emergency Information

Father's Name: \_\_\_\_\_ Home phone:(\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_\_

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

Name: \_\_\_\_\_ Telephone:(\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone:(\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Other Medical Conditions: \_\_\_\_\_

### Physician Information

Physician: \_\_\_\_\_ Telephone:(\_\_\_\_) \_\_\_\_\_

### Insurance Information

Medical Insurance Company: \_\_\_\_\_ Telephone:(\_\_\_\_) \_\_\_\_\_  
Policyholder: \_\_\_\_\_ Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

### Parent's Approval and Medical Release

Recognizing the possibility of physical injury associated with soccer and in consideration for the Sanford Soccer Association and its affiliates accepting the registrant for its soccer tournament and activities (the "Tournament"), I hereby release, discharge and/or otherwise indemnify the Sanford Soccer Association, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the Tournament against any claim by or on behalf of the registrant as a result of the registrant's participation in the Tournament and/or being transported to or from the same, which transportation I authorize.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Coaches must have this form in their possession on the field for each player**