

RECREATIONAL PLAYER TOURNAMENT MEDICAL RELEASE FORM

Tournament Name: \_\_\_\_\_

MEDICAL/LIABILITY RELEASE

I am the parent and/or the legal guardian of \_\_\_\_\_ who is participating in the Tournament listed above sponsored by the Soccer Association of Columbia – Howard County, in the State of Maryland. I hereby enroll my child to participate in any and all activities associated with this Tournament, and I waive all claims against the coaches, organizers, sponsors, supervisors, coordinators, counselors, related personnel, and employees which might arise as a result of injuries in approved team activities.

I confirm that my child is covered by a medical insurance policy - policy name and number provided by our family or otherwise - and I have made all arrangements to determine his/her physical fitness to participate on this team or in its related activities. I hereby give consent for my child to be medically and/or surgically treated for injuries.

Insurance

Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Date: \_\_\_\_\_

Parent Contact Phone: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_