

Natick Soccer Club
2023 Fall Classic Tournament
MEDICAL RELEASE FORM

As the parent/legal guardian of _____, I request that in my absence the
Name of player

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.

Player's Date of Birth: ____/____/____
Month Day Year

Known allergies of this player, including any allergies to medicine _____

Any other medical problems which should be noted _____

Family Physician _____ Phone _____

Name of Parent/Guardian _____

Address: _____ City/State/Zip: _____

Phone(H) _____ (C) _____ (Email) _____

Person to notify if parent/guardian is unavailable

Address: _____ City/State/Zip: _____

Phone(H) _____ (C) _____ (Email) _____

Insurance Carrier: _____

Signature of Parent/Guardian _____

GENERAL RELEASE

I hereby acknowledge that participation in soccer competition carries with it potential hazard. I therefore release the Natick Soccer Club and it's team coaches, the officers and officials of the Tournament, and the Town of Natick, of liability in the event of injury during the Natick Soccer Club's Columbus Day Tournament.

Participant's signature _____

Participant's Birthdate _____

Parent/Guardian's signature _____

Date _____

Team Name / Age Group / Division _____

Soccer Club Affiliation _____

Note: Coaches should reproduce this form and have each player complete this medical release form. Bring the original forms and a copy to registration on Friday for verification. The original forms MUST be carried by the coach at ALL tournament games. Copies will be kept by the tournament committee.