Gateway Memorial Day Soccer Tournament

May 23, 24 & 25, 2009

MEDICAL RELEASE FORM

As the parent/legal guardian of _____ , I request that in my absence the 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 of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Player's Birth ____/ _____/ _____ Date of last Tetanus Booster ____/ _____/ _____
Month Day Year Month Day Year

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

_____

Any other medical problems which should be noted _____

_____

Family Physician _____ Phone _____

Address/City/State/Zip _____

Phone (H) _____ (W) _____ (C) _____

Person responsible for charges (if diff. from above) _____

Address/City/State/Zip _____

Phone (H) _____ (W) _____ (C) _____

Person to notify if parent/guardian is unavailable _____

Address/City/State/Zip _____

Phone (H) _____ (W) _____ (C) _____

GENERAL RELEASE

I hereby acknowledge that participation in soccer competition carries with it a potential risk of harm. Accordingly, in consideration of my being permitted to participate in the Gateway Memorial Day Soccer Tournament, I hereby release the Gateway Memorial Day Soccer Tournament Classic, the Gateway Regional School District, the Pettis Field Commission, the team coaches, the Tournament officials, the Tournament Sponsors, the officers, directors, commissioners, servants, agents and employees of the foregoing from any and all claims or other liability for injury to person or property arising out of participation in the Gateway Memorial Day Soccer Tournament.

*Insurance Carrier **and** Policy Number* _____

Participant's Signature _____ *Date of Birth* _____

Signature of Parent/Guardian _____