



2023 Memorial Day Tournament Player Information and Medical Release Form

PLAYER INFORMATION

Team:

Player Name:

Date of Birth:

Street Address:

City:

State:

Zip Code:

EMERGENCY CONTACT INFORMATION

Parent/Guardian 1 – Name:

Mobile Phone:

Home Phone:

Parent/Guardian 2 – Name:

Mobile Phone:

Home Phone:

In an emergency when parent(s)/guardian(s) cannot be reached, please contact:

Other Emergency Contact 1 – Name:

Mobile Phone:

Home Phone:

Other Emergency Contact 2 – Name:

Mobile Phone:

Home Phone:

MEDICAL INFORMATION

Allergies:

Medical Conditions:

Player's Physician Name:

Player's Physician Phone:

Medical and/or Hospital Insurance Company Name:

Policy Holder Name:

Policy #:

Group #:

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the Newtown Soccer Club and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Newtown Soccer Club, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my child with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Signature of Parent/Guardian

Date