



2021 Greater Grand Forks Soccer Tournament Waiver
PLAYER INFORMATION AND MEDICAL RELEASE



Player name: _____ Birth date: _____

Address: _____ City _____ State _____ Zip _____

Parents/Guardians: Father/Guardian:

Home # (____) _____ Work # (____) _____ Cell # (____) _____

Mother/Guardian: _____

Home # (____) _____ Work # (____) _____ Cell # (____) _____

Emergency contact: Name: _____

Home # (____) _____ Work # (____) _____ Cell # (____) _____

Medical/Insurance information: Allergies/Medical conditions:

Player's physician: _____ Phone: _____

Medical Insurance provider: _____

Policy holder: _____ Policy number: _____

Parent/Guardian approval for treatment and medical release: In recognition of the possibility of physical injury associated with consideration for the Greater Grand Forks Soccer Club (GGFSC) and the Grand Forks Parks and Recreation Department and their affiliates accepting the registrant for their Soccer tournament, I hereby release, discharge and/or otherwise indemnify the GGFSC and the Grand Forks Parks and Recreation Department, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of premises upon which the tournament is held, 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 hereby authorize. My child identified above has received a physical examination by a physician and has been found physically capable of participating in the tournament. I hereby give consent to have a doctor of medicine or dentistry, or licensed nurse or emergency technician provide my child with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of such assistance and/or treatment.

Signature of Parent/Guardian: _____ Date: _____