



SCORPION BOWL MEDICAL RELEASE

PLAYERS NAME:

DOB:

ADDRESS:

ZIP:

EMERGENCY INFORMATION

PARENT/GUARDIAN NAME:

PHONE NUMBER:

ADDRESS:

CITY:

STATE:

ZIP:

PARENT/GUARDIAN/OTHER NAME:

PHONE NUMBER:

ADDRESS:

CITY:

STATE:

ZIP:

In an emergency when parent/guardian can't be reached, please contact the following:

PARENT/GUARDIAN NAME:

PHONE NUMBER:

ADDRESS:

CITY:

STATE:

ZIP:

Please list Allergies the player has:

Please list other medical conditions:

Physician:

Phone:

Medical/Hospital Insurance Company

Phone:

Policy Holder's Name

Policy Number:

MEDICAL TREATMENT AUTHORIZATION & LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF, and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in Scorpion Bowl Soccer Tournament and/or being transported to or from the same, which transportation I hereby authorize.

SIGNATURE:

DATE:

RELATIONSHIP TO CHILD: