

PATRIOT'S CROSSROADS CHALLENGE

MEDICAL RELEASE

To: Patriot Soccer Club and the PATRIOT'S CROSSROADS CHALLENGE TOURNAMENT:

I hereby acknowledge that participation in soccer competition carries with it potential hazards. I therefore release to the Patriot Soccer Club, its team coaches, officers, directors and officials of the Tournament, the Tournament sponsoring entities and their officers and participants, Gray/New Gloucester Booster Club and their officers and participants, SAD 15, the Town of Gray and its officials, from any and all liability of whatever kind in the event of any injury to me during the 2010 PATRIOT'S CROSSROADS CHALLENGE TOURNAMENT.

Participant's Signature: _____ Team/Club Affiliation: _____

Participant's Date of Birth: _____

Parent/Guardian's Signature: _____ Dated: _____

CONSENT FOR EMERGENCY MEDICAL AID AND MEDICAL TREATMENT

I hereby give consent for my child _____ to receive emergency medical treatment which may be deemed advisable in the event of injury, accident or illness during the 2010 PATRIOT'S CROSSROADS CHALLENGE TOURNAMENT and thereafter, as may be deemed necessary, including being admitted to any hospital or medical facility for diagnosis and treatment. I hereby authorize physicians, dentists and staff, including technicians and nurses to perform diagnostic and treatment procedures, operative procedures and x-ray treatment of the above named child as they may deem appropriate and necessary in the circumstances.

MEDICAL INFORMATION

Known Allergies: _____

Known Medical Problems: _____

Health Insurance & Policy #: _____

Personal Physician: _____ Tel No.: _____

I understand that, if possible, I will be notified by the phone of any emergency treatment require

Parent/Guardian's signature: _____ Date: _____

_____ Tel No. _____.

Address: _____

Alternate Tel. No(s) _____