

# **PATRIOT 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 2011 PATRIOT CROSSROADS CHALLENGE TOURNAMENT.

Participant's Name: \_\_\_\_\_ Club Affiliation: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_ Team Level: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## **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 2011 PATRIOT 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 required.

Tel No: \_\_\_\_\_ Alternate Tel. No(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date