

**St. Francis Indoor Invitational**  
**Medical Release Form**

Team Name: \_\_\_\_\_

Player's Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Parent's Phone: (\_\_\_\_) \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_

**Emergency contact other than Parent/Guardian:**

Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Primary Medical Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Known Allergies or other pertinent medical information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recognizing the possibility of physical injury associated with soccer and in consideration for the Saint Francis Indoor Invitational and organization sponsors accepting the registrant for its soccer tournament and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify the Saint Francis Indoor Invitational, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant \_\_\_\_\_ permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date