

Capital Memorial Day Tournament Medical Release Form

Please reproduce this form for each player. Without this, they can not play!

In the unlikely event that medical attention may be necessary for your child, we recommend the following:

I, parent/guardian of _____, give my consent for emergency medical/surgical treatment of my child.

Signature of parent/guardian _____

Address _____

Date _____

Specifics: (ie. "my child is allergic to...", "my child is taking the following medication")

Family Physician _____ Phone # _____

Address _____

GENERAL RELEASE

I hereby acknowledge that participation in soccer competition carries with it a potential hazard. I therefore, release the CARA Sports Complex & Capital Soccer Club of liability in the event of injury during the tournament weekend.

Participant's Name _____ Birthdate _____

Parent/guardian Signature _____

Team Name _____ Age Group _____

Coach's Name _____