



MEDICAL RELEASE

TOLLAND SOCCER CLUB – GENERAL RELEASE

I hereby acknowledge that participation in Soccer competition carries with it potential hazard. I, therefore, release Tolland Soccer Club and its coaches, the officers and officials of the Tournament, the Town of Tolland, CT of liability in the event of an injury during the Tolland Soccer Club 3v3 "Play With Pride" Tournament.

Player Name: _____

Player Birth Date: _____

Parent/Guardian Signature: _____

Date: _____

Team Name: _____

Soccer Club Affiliation: _____

CONSENT FOR EMERGENCY MEDICAL AID AND TREATMENT

I hereby give consent for my son/daughter, _____, to receive medical treatment which may be deemed advisable in the event of accident or illness during the Tolland Soccer Club 3v3 "PLAY WITH PRIDE" Tournament, August 27, 2022.

I understand, if possible, I will be notified by telephone of any emergency treatment required.

Parent/Guardian Signature: _____ Date: _____

Telephone: Home: _____ Cell: _____

Address: _____

MEDICAL INFORMATION

Known allergies: _____

Known medical problems: _____

Health Insurance Policy Holder: _____

Name of Insured: _____

Policy #: _____

Pediatrician Name: _____

Address: _____ Phone: _____