



Tolland Soccer Club  
**"PLAY WITH PRIDE"**  
**3V3 SOCCER TOURNAMENT**

**2008**

**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 "Play With Pride" Tournament.

Participant Signature: \_\_\_\_\_  
Participant 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 "PLAY WITH PRIDE" Tournament, August 23rd.

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: \_\_\_\_\_