

Winchester Soccer Club Veterans Day Tournament



1. Winchester Soccer Club General Release Form

I hereby acknowledge that participation in soccer competition carries with it potential hazard. I, therefore, release the Winchester Soccer Club and its team coaches, the officers and officials and the Town of Winchester of liability in the event of injury during the playing of games, practices and/or tournaments under the auspices of the Winchester Soccer Club

Participant's Name _____ Participant's DOB: _____ mm/dd/yy

Today's Date _____ Parent or Guardian's Signature _____

Team Name _____ Soccer Club Affiliation _____

2. Consent for Emergency Medical Aid and Medical Treatment

I, hereby, give consent for my son/daughter _____ to receive emergency medical treatment which may be deemed advisable in the event of an accident or illness during the playing of games, practices and/or tournaments under the auspices of the Winchester Soccer Club.

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

Today's Date _____

Parent or Guardian's Signature _____ Telephone: _____

Address _____

3. Medical Information

Known Allergies _____

Known Medical Problems _____

Date of Last Tetanus Immunization _____

Carrier Health/Hospital Insurance (Name) _____

Certificate or Policy Number _____

Name of Insured _____

Primary Care Physician _____

Physician Phone # _____