



Columbus Day Classic

Medical Release Form

Girl _____ Boy _____ DOB _____ Age on August 1, 20-- _____ Age Group U- _____

Name _____

Street Address _____ City _____ State _____ Zip _____

Phone # _____ Email _____

Parent/Legal Guardian's Name _____

Home Phone # (____) _____ Cell # (____) _____ Cell # (____) _____

Doctor's Name _____ Phone # (____) _____

Address _____

In case of emergency contact _____ Phone # (____) _____

Are there any known medical conditions? If yes, please describe below, use back of form if needed

Insurance Carrier _____ Membership # _____

~ RELEASE ~

My child, _____ has my permission to participate in the River Soccer Club Tournament.

I hereby assume the risk of all personal injury and any other loss or damage which he/she may suffer while participating in any program with the River Soccer Club. I hereby absolve the River Soccer Club, its Officers, Board Members, Coaches, Volunteers, Clinicians, Leagues and Tournaments from any and all liability of any and all personal or otherwise, injury, loss, or damage that he/she sustains as a result of him/her being injured while participating in any River Soccer Club program.

I certify that my child is in good health and able to participate in any capacity with the River Soccer Club. I further certify that my child is covered under an accident and health insurance policy which protects/covers his/her participation in any program with the River Soccer Club.

Parent or Legal Guardian Signature _____ Date _____