

# FALMOUTH YOUTH SOCCER ASSOCIATION

## MEDICAL RELEASE FORM – FFC 2017

To: The Falmouth Youth Soccer Association and the Falmouth Fall Classic Tournament

I hereby acknowledge that participation in soccer competition carries with it potential hazards. I therefore release the Falmouth Youth Soccer Association, its' team coaches, officers, directors and officials of the Tournament, the Tournament sponsoring entities and their officers and participants, the Town of Falmouth and its' officials, from any and all liability of whatever kind in the event of any injury to me during the 2017 Falmouth Fall Classic Soccer Tournament.

Participant's Signature: \_\_\_\_\_ DOB: \_\_\_\_\_

Team Age and Club Affiliation: Boys Girls U- \_\_\_\_ on Club: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

### **CONSENT FOR MEDICAL EMERGENCY MEDICAL AID AND MEDICAL TREATMENT**

I hereby give consent for my child, \_\_\_\_\_, to receive emergency medical treatment which may be deemed advisable in the event of injury, accident or illness during the 2017 Falmouth Fall Classic Tournament, October 7-9, 2017, and thereafter, as may be deemed necessary, including being admitted to any hospital or medical facility for diagnosis and treatment. I hereby authorize physicians, dentists and staff, including technicians and nurses, to perform diagnostic and treatment procedures, operative procedures and X-ray treatment of the above named child as they may deem appropriate and necessary in the circumstances.

### **MEDICAL INFORMATION**

Known Allergies: \_\_\_\_\_

Known Medical Problems: \_\_\_\_\_

Health Insurance & Policy #: \_\_\_\_\_

Personal Physician: \_\_\_\_\_

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

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Alternate Tel. # \_\_\_\_\_