

Note: Only needed if teams DO Not have their own medical release forms. Does NOT need to be notarized.)

SPRING CHALLENGE 2008

MEDICAL/LIABILITY RELEASE

I am the parent and/or the legal guardian of _____ who is participating in the SPRING CHALLENGE soccer tournament, at the Maryland SoccerPlex in the State of Maryland. I hereby enroll my child to participate in any and all activities of this event, and I waive all claims against the tournament organizers, sponsors, supervisors, coordinators, counselors, related personnel, and employees which might arise as a result of injuries in approved tournament activities.

I confirm that my child is covered by a medical insurance policy - policy name and number _____ provided by our family, his/her team, the team's association, or otherwise, and I have made all arrangements to determine his/her physical fitness to attend the tournament. I hereby give consent for my child to be medically and/or surgically treated for injuries.

Physician's Name: _____

Physician's Phone: _____

Known Allergies: _____

Medication: _____

Signature of Parent/Legal Guardian _____

Date _____