

**“Sylvie Poulin” ROCKY HILL COLUMBUS DAY CLASSIC TOURNAMENT
OCTOBER 6 & 7, 2018**

Medical Release Form

PERSONAL INFORMATION:

Participant’s Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

EMERGENCYCONTACTS:

Parent(s)/Guardian(s) Name: _____ Telephone Number: _____

In the event I cannot be reached, any of the following people may be designated to act in my behalf:

- | | |
|---------------------------|---------------------|
| 1) Coach: _____ | Telephone No. _____ |
| 2) Assistant Coach: _____ | Telephone No. _____ |
| 3) Other: _____ | Telephone No. _____ |

MEDICAL INFORMATION:

Physician’s Name: _____ Telephone: _____

Hospital Preference: _____

Insurance Company: _____ Group/Policy No.: _____

Allergies or medical problems: _____

I, the parent or guardian of the above named participant in the “Sylvie Poulin” Rocky Hill Columbus Day Classic, hereby give approval to his/her participation in such tournament and associated activities during October 6 and 7, 2018. I also assume all risks and hazards incidental to such participation including, but not limited to, transportation to and from the activity. I do further waive, release, absolve, indemnify, and agree to hold harmless the Rocky Hill Soccer Club, its organizers, sponsors, supervisor, participants, volunteers, and members, agents, servants, or employees, for any injury, claim, loss arising from or at said tournament. I further understand that I am solely responsible for the entry fee into said tournament. This release is signed and provided in consideration for our child being allowed to participate in said tournament. I hereby give permission for any and all medical attention necessary to be administered to my child. In the event of an injury, sickness, etc., until such time as I may be contacted, I assume all financial responsibility for any expenses incurred.

Parent Signature: _____ Date: _____