

NEWTON GIRLS SOCCER
COLUMBUS DAY INVITATIONAL TOURNAMENT
OCTOBER 8 & 9, 2005

GENERAL RELEASE

**This form must be in the possession of the team's coach or representative
at all times throughout the tournament weekend.**

In registering my child as a participant in the Newton Girls Soccer **Columbus Day Invitational Tournament**, I understand that my child and I assume any and all risks which might be associated with this activity, and waive and release all rights and claims which my child, heirs, executors, administrators, assigns or I may have against the Newton Girls Soccer, its directors, coaches, officials, or representatives for any and all injuries or damages of any kind suffered as a result of participation in the NGS Columbus Day Invitational Tournament.

⇒ **Signature of parent/guardian:** _____

Team (Town/Age Group): _____ Date: _____

MEDICAL RELEASE FORM

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of player's birth _____/_____/_____
Month Day Year

Date of last Tetanus Booster _____/_____/_____
Month Day Year

Known allergies of this player, including any allergies to medicine _____

Any other medical problems which should be noted _____

Family Physician _____ Phone (____) _____ - _____

Name of Parent/Guardian _____

Address _____

City/State/Zip _____

Phone _____

Insurance Carrier _____ Policy Number _____

⇒ **Signature of
Parent/Guardian** _____