



# PLAYER MEDICAL RELEASE FORM

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION:**

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## **In an emergency, when parents/guardians cannot be reached, please contact:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Other Medical Conditions: \_\_\_\_\_

## **PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE**

Recognizing the possibility of injury or illness, and in consideration for Elite Tournaments and Southampton Football Club accepting my son/daughter as a player in the soccer programs and activities of the Southampton Select UK Tour and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify Elite Tournaments, Southampton Football Club, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

My player son/daughter has received a physical examination from a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided a written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor, or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

I understand that travel insurance is required for my player to participate, I hereby confirm proof of coverage will be kept on file leading into and for the duration of the tour until my player returns to the United States.

This authorization is effective from the \_\_\_\_\_, (First date of your tour) to \_\_\_\_\_, (Last date of your tour.)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date