

**Twin City Tournament Series • 2008 Southern Soccer Showcase
Player Medical Release Form**

Player's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number ____ - ____ - _____

Emergency Information

Parent/Guardian _____ HM PH: _____ Cell PH: _____

Parent/Guardian _____ HM PH: _____ Cell PH: _____

In an Emergency when Parents cannot be reached, please contact:

Name _____ HM PH: _____ Cell PH: _____

Name _____ HM PH: _____ Cell PH: _____

Medical Info:

Allergies: _____

Other Conditions: _____

Player's Doctor: _____ WK PH: _____ OTH PH: _____

Health Ins. Co: _____ WK PH: _____

Policy Holder _____ Policy # _____ Group # _____

Parent's Approval and Medical Release

Recognizing the possibility of physical injury associated with Soccer and in consideration for the Southern Soccer Showcase and it's affiliates accepting the registrant for it's soccer tournament and activities, I hereby release, discharge and /or otherwise indemnify the Southern Soccer Showcase, it's affiliated organizations (TCYSA/NCYSA) and sponsors, their associated personnel against any claim by or on behalf of the registrant as a result of the registrant's participation in the tournament.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the tournament. I hereby give consent to have an Athletic Trainer and/or Doctor of Medicine or Dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Signature of Parent/Guardian _____ **Date** _____

Subscribed and Sworn to before me this _____ **day of** _____, **20** _____

Notary Public _____ **My Commission Expires** _____