

**HONESDALE INVITATIONAL
MEMORIAL DAY WEEKEND SOCCER TOURNAMENT
INJURY WAIVER & MEDICAL RELEASE FORM**

Player's Name: _____ Date of Birth: _____

Player's Address: _____

Coach's Name: _____

City: _____ State: _____ Zip: _____

Team Name: _____

PARENT & EMERGENCY CONTACT INFORMATION

Father's Name: _____ Email: _____

Phone Number: (work): _____ (home): _____ (cell): _____

Mother's Name: _____ Email: _____

Phone Number: (work): _____ (home): _____ (cell): _____

In case parents can not be reached additional contacts & medical information:

Name: _____ Phone: _____

Name: _____ Phone: _____

Allergies: _____

Medical Conditions: _____

Physician: _____ Phone: _____

Medical Insurance Company: _____

Policy Holder: _____ Policy Number: _____

Group Number: _____ Phone: _____

PARENTS APPROVAL & MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the Honesdale Friends of Soccer and its affiliates accepting the registrant for its soccer events and activities. I hereby release, discharge and/or otherwise indemnify the Honesdale Friends of Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the event against any claim by or on behalf of the registrant as a result of the registrant's participation in the event and/or being transported to or from the same, which transportation I hereby authorize. My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my 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 each assistance and/or treatment.

Signature ☐

This form must be turned in to your coach prior to the tournament.