

MEDICAL RELEASE FORM
SC Storm soccer tournament
Boys – Sat. Feb 10th, 2024
Girls – Sun. Feb 11th, 2024
(Signature Required to participate)



PLAYER'S FULL NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE #: _____ D/O/B : ____/____/____

GRADE _____

TEAM NAME: _____ DIVISION: _____

By enrolling the below-named child in this tournament, I certify that he/she is of normal health and capable of safe participation in the tournament.

I recognize that there are inherent dangers in sport and I assume all risks and hazards incidental to this tournament. I authorize medical treatment for this player if he/she becomes injured, unless I am personally present to waive such treatment. I am responsible for any medical bills arising from such treatment.

I hereby release, waive liability, discharge, hold harmless, indemnify, and covenant not to sue, the *SC Storm Soccer Foundation Inc.*, their associated directors, administrators, officers, managers, employees, coaches, referees, volunteers, sponsors and advertisers, and other agents, estates or executors, including family members, from any and all liability incurred in the conduct of, and my participation in the *SC Storm Soccer Tournament*. This includes owners, lessors, and lessees of premises, municipalities, government agencies, successors, heirs, and assigns. By signing below, I acknowledge that I have completely read this document and fully understand its contents.

Known Medical Problems: _____

Primary Doctor: _____

Insurance Provider _____

Policy# _____

In case of emergency, when parents cannot be reached, please contact:

Name _____

Telephone# _____

Print Parent / Guardian Name

Print Parent / Guardian Name

(Parent/Guardian Signature)

(Parent/ Guardian Signature)