



2007 Nashua World Cup Columbus Day Tournament

MEDICAL RELEASE

Each coach must have this form in his/her possession on the field for each player!!!

This is to certify that my son/daughter _____

Has my permission to travel with (club and team name) _____

to the Columbus Day Soccer Tournament in Nashua, New Hampshire on October 6, 7, and 8 2007. I understand that bus, automobile, or other means of transportation to and from the tournament fields will be necessary. In the event of injury or illness to my son/daughter, I hereby grant authority to a qualified physician to render such medical treatment as he/she deems necessary under the circumstances.

My son/daughter has the following medical conditions: _____

My son/daughter has the following allergies: _____

Medical Insurance Co. _____ Policy Number _____

Name of Policy Holder: _____

In case of emergency, I can be reached at the following number (s):

_____ (home) _____ (work)

Should you be unable to reach me, you may contact:

Name: _____ Phone: _____ Relationship: _____

Primary Doctor or Health Plan Information:

Primary Physician: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____