



Hamburg Monarchs Soccer Tournament 2009
Guest Players Only
Medical Release Form

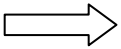


Player's Name: _____ Player's Date of Birth: _____

Address: _____ Phone Number: _____

Medical Consent *(must be completed for all guest players on Hamburg Monarchs Soccer Tournament roster)*

The undersigned, being a parent or legal guardian of the above named player, in the event of injury or illness, hereby give my consent to have an Athletic Trainer, Emergency Medical Technician, Physician, Hospital, Dentist, or other appropriate medical personnel provide him/her with medical assistance and/or treatment.



Signature of Parent or Guardian of Player

Date

Medical / Hospital Insurance Company: _____

Policy Number: _____

Known Allergies: _____

Other Pertinent Information: _____

