



Hamburg Monarchs Soccer Tournament 2010  
Guest Players Only  
**Medical Release Form**



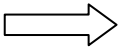
Player's Name: \_\_\_\_\_ Player's Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_

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**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_