



The 2007 Indigenous Soccer Cup
A Developmental Tournament of The Native American Soccer Project



Medical Release Form

PLAYER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE/PROVINCE/TERRITORY: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

EMERGENCY INFORMATION

MOTHER'S NAME: _____ HM PH: (_____) _____ WK PH: (_____) _____

FATHER'S NAME: _____ HM PH: (_____) _____ WK PH: (_____) _____

CELL NUMBER(S): (M/F) (_____) _____ (M/F) (_____) _____

IN AN EMERGENCY WHEN PARENTS CANNOT BE REACHED, PLEASE CONTACT:

NAME: _____ HM PH: (_____) _____ WK PH: (_____) _____

NAME: _____ HM PH: (_____) _____ WK PH: (_____) _____

ALLERGIES: _____

OTHER MEDICAL CONDITIONS: _____

PLAYER'S PHYSICIAN: _____ PHYSICIAN'S PHONE: (_____) _____

MEDICAL AND/OR HOSPITAL INS. CO.: _____ PHONE: (_____) _____
(ATTACH PHOTOCOPY OF INSURANCE/MEDICAL CARD)

POLICY HOLDER'S NAME: _____ POLICY NUMBER: _____

PARENTS APPROVAL AND MEDICAL RELEASE

RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH THE SPORT OF SOCCER, I HEREBY RELEASE, DISCHARGE, AND/OR OTHERWISE INDEMNIFY SOUTHWEST YOUTH SERVICES, INC., ITS AFFILIATED ORGANIZATIONS AND SPONSORS, THEIR EMPLOYEES AND ASSOCIATED PERSONNEL, INCLUDING THE OWNERS OF FIELDS AND FACILITIES UTILIZED FOR THE TOURNAMENT AGAINST ANY CLAIM BY OR ON BEHALF OF THE REGISTRANT AS A RESULT OF THE REGISTRANT'S PARTICIPATION IN THE INDIGENOUS SOCCER CUP 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 INDIGENOUS SOCCER CUP. I HEREBY GIVE 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 SUCH ASSISTANCE AND/OR TREATMENT.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____