



# 31<sup>st</sup> Needham Invitational Memorial Day Tournament

## **1. Needham Soccer Club, Needham, MA - General Release**

I hereby acknowledge that participation in soccer competition carries with it potential hazards. I, therefore, release the Needham Soccer Club and its team coaches, the officers and officials of the tournament, the Town of Medfield, the Town of Natick, the Town of Needham, the Town of Wellesley, Babson College, Framingham State College, Olin College, Wellesley College, Noble and Greenough School, Elm Bank Reservation, St. Sebastian's Country Day School, Beth Israel Deaconess Medical Center, the Athletic Trainers, and any other organization associated with the tournament of liability in the event of injury during the 2007 Needham Invitational Memorial Day Tournament: May 25<sup>th</sup>, 26<sup>th</sup>, 27<sup>th</sup>, and 28<sup>th</sup> 2007.

**Participant's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_

**Team Name:** \_\_\_\_\_

**Soccer Club Name:** \_\_\_\_\_

## **2. Consent for emergency medical aid and medical treatment**

I hereby give consent for my son / daughter \_\_\_\_\_ to receive emergency medical treatment which may be deemed advisable in the event of an accident or illness during the Needham Invitational Memorial Day Tournament: May 25<sup>th</sup>, 26<sup>th</sup>, 27<sup>th</sup>, and 28<sup>th</sup> 2007.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mobile #:** \_\_\_\_\_

## **3. Medical Information**

**Known Allergies:** \_\_\_\_\_

**Known Medical Problems:** \_\_\_\_\_

**Date of last Tetanus immunization:** \_\_\_\_\_

**Health/Hospital Insurance:** \_\_\_\_\_

**(Name of Insurer)**

**Certificate/Policy #:** \_\_\_\_\_

**Name of Insured:** \_\_\_\_\_

**Personal Physician:** \_\_\_\_\_

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

**Telephone #:** \_\_\_\_\_

## **4. Permission to Dual Roster (optional)**

I hereby give consent for my son / daughter \_\_\_\_\_ to play for 2 non-competing teams during the 31<sup>st</sup> Needham Invitational Memorial Day Tournament. I understand the risks associated with playing additional games and accept responsibility for any consequences.

**Team:** \_\_\_\_\_ **Division:** \_\_\_\_\_ **Coach Signature:** \_\_\_\_\_

**Team:** \_\_\_\_\_ **Division:** \_\_\_\_\_ **Coach Signature:** \_\_\_\_\_

**Parent name:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_