



THE 2014
CAPITOL CUP
COLUMBUS DAY SOCCER TOURNAMENT



Medical Release Form

General Release

I, as parent or legal guardian, do hereby give my consent for my son/daughter to participate as a player in the 2014 Capitol Cup soccer tournament to be held on October 11-12, 2014. I understand and acknowledge that there is a risk of personal injury in soccer competition, and in recognition of these risks do hereby release, hold harmless and indemnify the United States Youth Soccer Association, NH Soccer Association, Seacoast Express United, City of Concord, the Tournament Committee, and their officers, directors, coaches, and designated officials from all claims, causes of action and any and all liability which may result directly or indirectly from the participation of my son/daughter in the tournament.

I further give my 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 2014 Capitol Cup soccer tournament. I understand that, if possible, I will be notified by telephone of any emergency treatment required.

Player's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Club/Team: _____ Date: _____

Player Medical Information

Medical Conditions: _____

Allergies: _____

Medical insurance provider: _____

Parent/Guardian emergency contact information:

Day phone: _____ Evening phone: _____

Emergency contact, in the event parent/guardian is not reachable:

Name: _____ Phone: _____

Primary Doctor:

Name: _____ Phone: _____

Important:

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