



**Medical Release Application for
Toca Open Cup – 5v5
(Boys U10/14 – Girls U10/11)
Saturday, August 23rd 2008**

Boys U: ___/Girls U: ___

Date: ___/___/___

Please provide the following required information

Team Name

Recreational

Classic

Premier

Coach Full Name

Home Phone Number

Cell Phone Number

Primary E-mail Address

PARENT RELEASE FOR THE CARE AND TREATMENT OF PLAYERS

I give my permission for any and all emergency medical treatment, which in the judgment of a physician, may be deemed necessary, in the event of an accident, injury, sickness, etc. to my child until such time as I may be contacted. I also assume responsibility for payment of any treatment which is rendered.

Parent's Authorization for Coaches, Physicians and Medical Facility

1) Player Full Name

Parent's Phone #

DOB

Insurance Company

Policy #

Parent's Sign

2) Player Full Name

Parent's Phone #

DOB

Insurance Company

Policy #

Parent's Sign

3) Player Full Name

Parent's Phone #

DOB

Insurance Company

Policy #

Parent's Sign

4) Player Full Name

Parent's Phone #

DOB

Insurance Company

Policy #

Parent's Sign

| | | |
|----------------------------|-------------------------|----------------------|
| 5) Player Full Name | Parent's Phone # | DOB |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Insurance Company | Policy # | Parent's Sign |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6) Player Full Name | Parent's Phone # | DOB |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Insurance Company | Policy # | Parent's Sign |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7) Player Full Name | Parent's Phone # | DOB |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Insurance Company | Policy # | Parent's Sign |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8) Player Full Name | Parent's Phone # | DOB |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Insurance Company | Policy # | Parent's Sign |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9) Player Full Name | Parent's Phone # | DOB |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Insurance Company | Policy # | Parent's Sign |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Coach's Signature
