

2010 WEST BRANCH BATTLE OF THE BOOTS 5 v 5 TOURNAMENT  
MEDICAL & LIABILITY RELEASE FORM

PLAYERS NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

HEALTH INSURANCE CO.: \_\_\_\_\_ POLICY #: \_\_\_\_\_

PLAYER'S PHYSICIAN: \_\_\_\_\_ PHONE:  
\_\_\_\_\_

CURRENT MEDICATION'S: \_\_\_\_\_

ADDITIONAL EMERGENCY CONTACTS & NUMBERS: \_\_\_\_\_

---

I certify that my Daughter/Son, \_\_\_\_\_, birth date \_\_\_\_\_  
Is in good physical health and may participate in physical activities including soccer. I  
certify there are no limitations in her/his ability to participate in this tournament.

In the event of an injury or illness to my daughter/son (above), I hereby authorize medical  
treatment as deemed necessary, including the administration of an anesthetic and/or  
surgery. I also assume full responsibility for payment for any such medical treatment.

Furthermore, I hereby release the Lady Warriors Soccer Boosters, the West Branch Area  
School District, The West Branch Girls Soccer Team, and the volunteers associated with  
this tournament, from any and all claims and causes of action for damage to or loss of  
property, personal illness, injury or death arising out of or during the 2010 West Branch  
Battle of the Boots 5 v 5 Tournament .

SIGNATURE – PARENT/GUARDIAN(S): \_\_\_\_\_

PRINT – NAME OF PARENT/GUARDIAN(S); \_\_\_\_\_

DATE: \_\_\_\_\_