



Just for Kicks Soccer Tournament
Hosted by the Dalton CRA

Medical Release

I/We, have legal custody of _____ (the "Player"). I/We hereby authorize a representative of The Dalton CRA, including the Player's coach, to consent to any X-ray examination, anesthetic, medical, surgical or dental treatment and/or hospital care to be rendered to the Player under the general or special supervision and on the advice of any licensed physician, surgeon or dentist. I/We further agree to be responsible for any medical, dental or hospital fees or costs associated with treatment of the Player.

Father/Legal Guardian: Print Full Name: _____ Signature: _____ Date: _____
Mother/Legal Guardian: Print Full Name: _____ Signature: _____ Date: _____
Father's Work Phone: _____ Mother's Work Phone: _____
Father's Cell Phone: _____ Mother's Cell Phone: _____
Insurance Carrier: _____ Policy Nbr. _____
Physician's Name: _____ Physician's Phone #: _____
Known Allergies or Medical Problems: _____ _____ _____

Indemnification

The undersigned parent(s)/legal guardian(s) hereby acknowledge(s) that the game of soccer competition carries with it a potential risk of injury/illness, and as such, the undersigned hereby assume(s) the risk of such possible injury/illness to the Player. The undersigned also agree(s) to indemnify and hold harmless The Dalton CRA, CBRSD, The CRA Board of Governors, coaches and representatives from any loss, damage, or other disability, however characterized, resulting from injury or damage to the player, resulting directly or indirectly from such player's participation or association with JFK Soccer Tournament, including practices, games, or other activities. I/We, the parent(s)/legal guardian(s) do hereby agree to the above Indemnification. I/We further agree that I/we have read and fully understand the terms and conditions, possible implications, and consequences of this Indemnification, and I/we are executing the same freely and voluntarily.

Father/Legal Guardian:
Print Full Name: _____ Signature: _____ Date: _____

Mother/Legal Guardian:
Print Full Name: _____ Signature: _____ Date: _____