

Oakridge Thunder 2003 Boys Travel Medical Release

I/We hereby certify that I/we have acquired appropriate travel medical insurance for my/our son _____ to travel to Fairfield, Ohio on **April 20-22, 2018** to participate in the _____
(Print Name)

Mid American Soccer Classic

Name of Travel Medical Insurance Provider _____

Plan / Policy Number _____

In the event of accident, injury, sickness, etc., concerning my/our child, if I/We cannot be reached, any of the following persons is designated to act on my behalf, until such time, as I/We, can be contacted.

COACH: Nick Hill Check box

COACH: Larry Palarchio Check box

*Any authorized tournament representative Check box

Please List Known Medical Conditions:

Allergies: _____

Disabilities: _____

Injuries: _____

Disclosure of Other Important Medical Information: _____

I/We consent to my/our child participating in this tournament. I/We further acknowledge that the aforementioned child participates in this tournament at his own risk and that he is in good health. I/We release the Oakridge Optimist Soccer Club, coaching staff, and its representatives from any and all liability for any loss, damage, expense, injury, including death, that my/our child may suffer as a result of his participation in the Mid American Soccer Classic, **April 20-22, 2018**.

Signature(s) of person(s) giving verification and consent:

(Print Name) (Signature) (Date)

(Relationship to child) (Emergency Contact Number)

(Print Name) (Signature) (Date)

(Relationship to child) (Emergency Contact Number)