

# SoccerFest 2017 Medical Release Form

Return completed form by Fax (703-536-2255) or Email (info@playsoccerfest.com) by Tuesday, June 20, 2017.

**Team Name:** \_\_\_\_\_ **Age & Gender:** \_\_\_\_\_  
**Coach's Name:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

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**Participant Name #1:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
**Insurance Co:** \_\_\_\_\_ **Policy Holder's Name:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_  
**Parental/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Participant Name #2:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
**Insurance Co:** \_\_\_\_\_ **Policy Holder's Name:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_  
**Parental/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Participant Name #3:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
**Insurance Co:** \_\_\_\_\_ **Policy Holder's Name:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_  
**Parental/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Participant Name #4:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
**Insurance Co:** \_\_\_\_\_ **Policy Holder's Name:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_  
**Parental/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Participant Name #5:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
**Insurance Co:** \_\_\_\_\_ **Policy Holder's Name:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_  
**Parental/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Participant Name #6:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
**Insurance Co:** \_\_\_\_\_ **Policy Holder's Name:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_  
**Parental/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

By signing above, I give my consent to have an emergency medical technician, medical treatment facility, doctor, and/or dentist provide the participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I hereby authorize emergency transportation of the participant to a medical treatment facility should my child (participant) listed here consider it warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify SoccerFest organizers (Sage-BWF, LLC), their sponsors, the Fairfax County Park Authority, and the employees and associated personnel of these organizations, against any claim by or on behalf of the participant named on this form, as a result of their participation in SoccerFest.