

**BETHEL COLUMBUS DAY TOURNAMENT**  
**Medical Release Form**  
**October 12<sup>th</sup> & 13<sup>th</sup>, 2024**  
**(One Per Player)**

Player Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Player's Age \_\_\_\_ Years Height \_\_\_\_ Ft \_\_\_\_ Inches Wgt \_\_\_\_ Lbs

Emergency Contacts:

Parents / Guardian Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Other Contact (Relative/Friend) \_\_\_\_\_ Telephone \_\_\_\_\_

Medical Info:

Physicians Name \_\_\_\_\_ Telephone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Known Allergies or Other Pertinent Medical Information \_\_\_\_\_

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Parent / Guardian Consent:

I am the parent or legal guardian of \_\_\_\_\_  
And I do hereby give my permission for the above named child to receive any and all medical treatment, assistance or care administered by any duly licensed physician or hospital in the event of an accident, injury or sickness while he / is at the Bethel Columbus Day Tournament until such time as I may be contacted. This release is in effect for the tournament dates above plus one week. I also hereby assume the responsibility for the payment of any such treatment and agree not to hold the BYSA, it's Board of Directors or members of the Tournament Committee responsible for the injury.  
Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_