Chili s.a.

Team Name/Div:______________________________

Coach's Name:______________________________

Chili Soccer Tournament - Medical Release Form

As the parent/legal guardian of the player listed below, I request that in my absence, the below named player be admitted to any hospital or medical facility for diagnosis and/or treatment. I request and authorize physicians, dentists and staff, duly licensed, to perform any diagnostic, x-ray, treatment or operative procedures, as needed, by the below named minor.

Player's Name	Date of Birth	Parent/Guardian Signature	Date