

**MEDICAL INFORMATION REQUIRED**  
(Please complete and hand-in to your coach)

Name \_\_\_\_\_

Phone \_\_\_\_\_

Family  
Physician \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Medical/Accident Insurance  
Company \_\_\_\_\_

Policy# \_\_\_\_\_

Insurance Company  
Address \_\_\_\_\_

Policy on the name of \_\_\_\_\_

Allergies \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

I hereby certify that my son is in good physical health and may participate in all tournament activities related to the Long Island Big Time Shootout. I will not hold the facilities (The Green Vale School/Harbor Links) or Players 365 responsible in the event of an accident or injury as a result of his/her participation. I also give permission for my child to be given emergency treatment at a local hospital.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_