

# **Danvers SOCCER SALUTING SOLDIERS Festival**

## **Release Form**

*Please copy this form for each player. Without a completed form, they cannot play. Forms may be mailed to the Festival Director or turned in at Festival Registration prior to your first game.*

**2021 Danvers SOCCER SALUTING SOLDIERS Festival**  
**NOVEMBER 13-14, 2021**

### **CONSENT FOR MEDICAL TREATMENT (MINORS)**

In the unlikely event that medical attention may be necessary for my child, I, the Parent / Guardian of \_\_\_\_\_ give my consent for emergency medical/surgical treatment of my child.

Signature of Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Specific Information: (Example - "My child is allergic to ...", or, "My child is taking the following medication ...", etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **GENERAL RELEASE**

In registering my child as a participant in the 2021 Danvers SOCCER SALUTING SOLDIERS Festival (The Festival), I understand my child assumes any and all risks which might be associated with its activities and waive and release all rights and claims for damages which my child, heirs, executors, administrators, assigns or I may have against the Festival, Danvers Youth Soccer, its directors, coaches, officials, or representatives for any and all injuries or damages of any kind suffered as a result of participation in the Festival.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Participants Name: \_\_\_\_\_ Participants Birthdate: \_\_\_\_\_

Team (Town/Group): \_\_\_\_\_