

**SALEM YOUTH SOCCER
WITCH'S CUP LABOR DAY TOURNAMENT 2010
SEPTEMBER 4th & 5th**

MEDICAL RELEASE FORM

COPY THIS FORM FOR EACH PLAYER ON YOUR TEAM, PLAYER CANNOT PLAY IN TOURNAMENT WITHOUT THIS FORM. RETURN FORMS TO ME OR TURN IN AT TOURNAMENT REGISTRATION PRIOR TO YOUR FIRST GAME.

CONSENT FOR MEDICAL TREATMENT

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 _____ 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 SALEM YOUTH SOCCER WITCHES CUP LABOR DAY TOURNAMENT, 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 SALEM YOUTH SOCCER TOURNAMENT, SALEM YOUTH SOCCER ASSOCIATION, ITS DIRECTORS, COACHES, OFFICIALS, OR REPRESENTATIVES FOR ANY AND ALL INJURIES OR DAMAGES OF ANY KIND SUFFERED AS A RESULT OF PARTICIPATION IN THE 2007 SALEM YOUTH SOCCER WITCHES CUP LABOR DAY TOURNAMENT.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARTICIPANT'S SIGNATURE _____ BIRTHDATE _____

TEAM (TOWN/GROUP) _____