



G4S Challenge Cup Team Medical Release Form



Team Name:		Age Group:		Division:	
Coaches Name:		Coaches Phone #:		Association/Club:	

	Name	Medical Insurance	Policy #	Physician	Phone #	Parents Signature
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PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/US Youth Soccer/Soccer Rhode Island/Coventry Soccer Association/Goals 4 Sports and its affiliates accepting the registration for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/US Youth Soccer/Soccer Rhode Island/Coventry Soccer Association/Goals 4 Sports and its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which is transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.