



## Meg Berté Memorial Nutmeg Classic

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Age Division: \_\_\_\_\_ Team Name: \_\_\_\_\_

### **MEDICAL RELEASE**

In the event that medical attention may be necessary for your child, please complete the following:

I, the parent or guardian of \_\_\_\_\_, give my consent for emergency medical/surgical treatment of my child, \_\_\_\_\_.

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

I also hereby acknowledge that participation in soccer competition may result in personal injury and I hereby assume such risk on behalf of my son/daughter during participation in the Tournament. I also release the Manchester Soccer Club, its officers and members, the Town of Manchester, the Recreation & Parks Department, Board of Education, and the organizers, committee members and volunteers of the Nutmeg Classic from any liability in the event of injury during the Nutmeg Classic Tournament.

(Parent/Guardian  
Signature) \_\_\_\_\_

Date: \_\_\_\_\_