Meg Berte' Memorial Nutmeg Classic
Medical Release

Age Division: _____

Team Name: _____

I, the parent or guardian of the player listed below, give my consent for emergency medical/surgical treatment of my child. I also hereby acknowledge that participation in soccer competition may result in personal injury and I hereby assume such risk on behalf of my child during participation in the Tournament. I also release the Manchester Soccer Club, the Town of Manchester, Parks & Recreation Department, committee members and volunteers of the Tournament from any liability in case of injury during the event.

Date	Player's Name	Parent's Name	Contact Number	Family Doctor	Doctor's Phone