

Ocean State Soccer Winter Futsal Tournament

Release of Liability and Consent for Medical Treatment

To: Ocean State Soccer School
Subject: General release of liability and indemnification and consent for emergency medical aid and treatment

Team Name: _____ **Town/City:** _____ **Division:** _____

I, as parent or legal guardian, do hereby give my consent for my son/daughter to participate as a player in the Ocean State Soccer Winter Fustal Soccer Tournament to be held on December 2012 thru March 2013. I understand and acknowledge that there is a risk of personal injury in soccer competition, and in recognition of these risks do hereby release, hold harmless and indemnify the United States Youth Soccer Association, Soccer-Rhode Island, Ocean State Soccer School, the Tournament Committee, and their officers, directors, coaches, and designated officials from all claims, causes of action and any and all liability which may result directly or indirectly, from the participation of my son/daughter in the tournament.

I further give my consent for my son/daughter to receive emergency medical treatment, which may be deemed advisable in the event of an accident or illness during the Ocean State Soccer Winter Futsal Tournament. I understand that, if possible I will be notified by telephone of any emergency treatment required.

Player's Name	Parent's Signature	Date