

**MEDICAL RELEASE**

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

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Allergies/Special needs: \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Name/Phone \_\_\_\_\_

(NOTE: Provide the name and number of person who we can contact if your player is hurt while playing or practicing -- which is normally evenings and weekends -- and we can't locate you)

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**GENERAL RELEASE**

I hereby acknowledge that participation in soccer competition may result in personal injury and I hereby assume such risk during any related soccer activities that I may participate in as a member of a Chill team. I also release the Cromwell Chill Soccer Club, its officers, coaches and members from any liability in event of injury during participation in any soccer activity.

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_