



## EASTHAMPTON 3V3 TOURNAMENT

### MEDICAL RELEASE

In the unlikely event of an accident, injury, or sickness with respect to the undersigned participant, the undersigned parent gives his/her authority to the coach listed below to oversee the medical treatment until such time as the undersigned parent can be contacted. The undersigned parent also assumes responsibility for payment of any and all medical treatment provided to the undersigned participant.

Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Physician Name/Phone #: \_\_\_\_\_

Known Allergies/Medical Conditions: \_\_\_\_\_

In the case that the parent/guardian cannot be reached, the following is designated to oversee the medical treatment until such time as a parent/guardian can be reached.

Coach: \_\_\_\_\_ Town/Team \_\_\_\_\_

### General Release

In registering my child as a participant in the Easthampton 3V3 tournament, I understand my child assumes any and all risks which might be associated with its activities; and I waive and release all rights and claims for damages which my child, heirs, executors, administrators, assigns or I may have against the Town of Easthampton, the Easthampton Youth Soccer Association, its directors, coaches, officials, representatives for any and all injuries or damages of any kind suffered as a result of participation in the Easthampton 3V3 tournament.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

*\*\*This form must be completed for each player. You may mail them with your registration payment or may be turned in at the tournament prior to your first game.\*\**