MEDICAL FORM

CLUB NAME: _____ TEAM NAME_____DIVISION_____

COACH NAME: _____ COACH PHONE #_____

2024 MEDICAL RELEASE FORM

I, as parent or legal guardian, do hereby give my consent for my son/daughter to participate as a player in the 2024 South Windsor Soccer Tournament to be held October 26 & 27 2024 in South Windsor, Connecticut. 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, The Connecticut Junior Soccer Association, South Windsor Soccer Club, the tournament committee and their officers, directors, coaches, designated officials and the Town of South Windsor and Rye Street Park 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 South Windsor Soccer Club Fall Classic Tournament. I understand that, if possible, I will be notified by telephone of any emergency treatment required. The undersigned parent or legal guardian of minor do hereby authorize the officer, leader, coach, or agent of the state youth association to transport as required the above minor to and from association sponsored activities including but not limited to athletic and social events.

Player Name	Parent Signature	Parent Printed Name	Date