

**ESSEX UNITED SOCCER CLUB  
ANNUAL TOURNAMENT and SHOOTOUT**

**GENERAL RELEASE**

*MUST BE SUBMITTED FOR EACH PLAYER ON YOUR TEAM at REGISTRATION*

I therefore release the Essex United Soccer Club, its officers and Tournament Committee, as well as the Village of Essex Junction, Vermont, from all liability in the event of an injury during the Essex United Soccer Club Tournament & Shootout.

**CONSENT FOR MEDICAL AID AND TREATMENT**

I hereby give consent for my child \_\_\_\_\_, to receive emergency medical treatment deemed advisable in the event of accident or illness during the Essex United Soccer Club Tournament & Shootout. I assume responsibility for payment of any medical or dental treatment required, including ambulance fees.

**Medical Information**

Known Allergies or Medical Problems: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Tel #: \_\_\_\_\_

I understand that, if possible, I will be notified by telephone of any emergency treatment required.

**PARENT / GUARDIAN SIGNATURE:** \_\_\_\_\_

Date: \_\_\_\_\_ Tel #: \_\_\_\_\_

Local Number where you can be reached (cell phone, hotel, etc) \_\_\_\_\_

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

\*\*\*\*\* Please photocopy for each player on your team \*\*\*\*\*