

ESSEX UNITED SOCCER CLUB
26th ANNUAL TOURNAMENT and SHOOTOUT - 2017

GENERAL RELEASE

MUST BE SUBMITTED FOR EACH PLAYER ON YOUR TEAM at REGISTRATION, 6/23/17

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 June 24-25, 2017 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, June 24-25, 2017. 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 *****