

**Pepperell Youth Soccer
FALL CLASSIC SOCCER TOURNAMENT**

MEDICAL RELEASE

To: Pepperell Youth Soccer and Fall Classic Committee

I hereby acknowledge that participation in soccer competition carries with it potential hazards. I therefore release the Pepperell Youth Soccer League, its team coaches, officers and officials of the Tournament, the Tournament sponsoring entities and their officers, the Town of Pepperell, Massachusetts and its officials, from all liability in the event of an injury during the Pepperell Youth Soccer, Fall Classic Tournament.

Participants Signature: _____ Team/Club
Affiliation: _____

Participants D.O.B.: _____ Date: _____

Parents/Guardian Signature: _____

CONSENT FOR EMERGENCY MEDICAL AID AND MEDICAL TREATMENT

I hereby give consent for my child _____ to receive emergency medical treatment which may be deemed advisable in the event of accident or illness during the Pepperell Fall Classic Tournament and thereafter, as may be deemed necessary. I assume the responsibility for payment of any medical or dental treatment required, including any required transport by ambulance.

MEDICAL INFORMATION

Known Allergies: _____

Known Medical Problems: _____

Health Insurance & Policy #: _____

Personal Physician: _____ Telephone No. _____

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

Parent/Guardian Signature: _____ Date: _____

Address: _____ Telephone#: _____