



Pepperell Youth Soccer

Fall Classic Soccer Tournament

MEDICAL RELEASE

To: Pepperell and Fall Classic Registrar

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

Participant Signature: _____ Team/Club: _____

Parent/Guardian Signature: _____ Participant DOB: _____

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 and medical or dental treatment required, including and required transport by ambulance.

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

Parent/Guardian Signature: _____

Address: _____

Telephone #: _____

Date: _____