23rd ANNUAL MEDWAY CUP MEMORIAL DAY SOCCER TOURNAMENT
MEDWAY YOUTH SOCCER ASSOCIATION

SUBJECT: GENERAL RELEASE OF LIABILITY AND INDEMNIFICATION AND CONSENT FOR EMERGENCY MEDICAL AID AND TREATMENT

I, as parent or legal guardian, do herby give my consent for my child, (fill child's name in list below), to participate as a player in the 23rd annual Medway Cup Soccer Tournament to be held on May 23 and 24, 2015. I understand and acknowledge that there is risk of personal injury in soccer competition and in recognition of these risks do hereby release, hold harmless and indemnify the Medway Youth Soccer Association, the Massachusetts Youth Soccer Association, their officers, directors, coaches and designated officials from all claims, causes of action and any and all liability which may result, directly or indirectly, from my child's participation in this tournament.

I further hereby give consent for my child, (fill child's name in list below), to receive emergency medical treatment, which may be deemed advisable in the event of an accident or illness during the tournament. I understand that, if possible, I will be notified by telephone of any emergency treatment required

PLAYER NAME	PLAYER D.O.B.	EMERGENCY PHONE #	PARENT/GUARDIAN SIGNATURE