



## Wellesley United Soccer Club Invitational Tournament

*Please reproduce this form and submit one for each player*

### Medical Release

In the unlikely event that medical attention may be necessary for my child, I, the parent or guardian of \_\_\_\_\_, give my consent for emergency medical/surgical treatment.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

#### OPTIONAL

My child is currently taking these medications: \_\_\_\_\_

My child is allergic to: \_\_\_\_\_

Family physician's name: \_\_\_\_\_

Family physician's address: \_\_\_\_\_

Family physician's phone: \_\_\_\_\_

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### General Release

I hereby acknowledge that participation in soccer competition carries with it potential hazard. I, therefore, release the Wellesley United Soccer Club, Inc., and its team coaches, the officers and officials of the tournament and the Town of Wellesley, of liability in the event of injury during the Wellesley United Soccer Club Invitational Tournament.

Participant's Name (please print): \_\_\_\_\_

Participant's birth date: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Town team name: \_\_\_\_\_

Town soccer club: \_\_\_\_\_