

SARATOGA WILTON SOCCER CLUB
HARVEST CUP CLASSIC
INDIVIDUAL PLAYER MEDICAL RELEASE FORM

RELEASE OF LIABILITY AND HOLD HARMLESS
READ BEFORE SIGNING

IN CONSIDERATION OF my child/ward being allowed to participate in any way in the Saratoga Wilton Soccer Club Harvest Cup Classic, the undersigned acknowledges, appreciates, and agrees that:

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs. My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the Sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Player Name: _____

Date of Birth: _____

Team Name: _____

Club/Affiliation: _____

Parent/Guardian Name: _____

Primary Phone: _____

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Signature: _____

Date: _____

**SARATOGA WILTON SOCCER CLUB
HARVEST CUP CLASSIC
TEAM MEDICAL RELEASE FORM**

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Team Name: _____ **Club/Affiliation:** _____

Coach: _____ **Cell:** _____ **Email:** _____

Contact 2: _____ **Cell:** _____ **Email:** _____

As the parent or legal guardian of the below-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Player's Last Name	Player's First Name	Parent/Guardian Signature	Phone

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