

**ESSEX UNITED SOCCER CLUB
ANNUAL TOURNAMENT and SHOOTOUT**

GENERAL RELEASE

MUST BE SUBMITTED FOR EACH PLAYER ON YOUR TEAM at REGISTRATION

I therefore release the Essex United Soccer Club, its officers and Tournament Committee, the Town of Essex, the City of Essex Junction, and the Tree Farm Management Group from all liability in the event of an injury during the Essex United Soccer Club Tournament & Shootout.

CONSENT FOR MEDICAL AID AND TREATMENT

I hereby give consent for my child (print clearly) _____,
DOB _____, to receive emergency medical treatment deemed advisable in the event of accident or illness during the Essex United Soccer Club Tournament & Shootout. I assume responsibility for payment of any medical or dental treatment required, including ambulance fees.

MEDICAL INFORMATION

Known Allergies or Medical Problems: _____

Personal Physician: _____ Tel #: _____

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

PARENT / GUARDIAN SIGNATURE _____

Date: _____ Tel #: _____

Local Number where you can be reached (cell phone, hotel, etc) _____

Address: _____