

WEST ISLIP SOCCER CLUB

PRESENTS:

"The Adam Novellano Indoor Tournament"

MEDICAL RELEASE FORM

In the unlikely event that medical attention may be necessary for your child, we recommend the following:

I, the parent/guardian of _____, give my consent for emergency medical/surgical treatment of my child.

Signature of parent/guardian _____

Address _____

Phone _____ Date _____

Optional: specifics- allergies, medicine being taken, asthmatic, etc.

Family physician _____ Phone _____

General Release

I hereby acknowledge that participation in soccer competition carries with it potential hazard. I, therefore release the West Islip Soccer Club, team coaches, the officers and officials of this tournament, and the town of West Islip of liability in the event of injury during this tournament.

Parent/Guardian _____

Player Name _____ Birthdate _____

Club Affiliation _____ Date _____

