

# 2019 Southwick Shootout 3v3 Tournament

## PLAYER REGISTRATION & MEDICAL RELEASE FORM

*Each coach must have a copy of this form in his her possession on the-field-for each player!!!*

### REGISTRATION SECTION:

Player: Name: _____	Home Phone: _____
Team Name: _____	Coach Name: _____
Address, City, State: _____	
Date of Birth (Month/Day/Year): _____	Age: _____ Gender: _____

### MEDICAL RELEASE SECTION

This is to certify that my son/daughter \_\_\_\_\_  
Has my permission to participate in the Southwick Shootout 3v3 Soccer tournament hosted by Southwick Recreation Center Soccer Club on March 30, 2019 in Southwick, MA. I recognize the inherent risks, dangers, and hazards associated with participating or spectating in the sport of soccer that can result in serious personal injury, loss or death. I hereby, for myself and any player for whom I am a parent or legal guardian release, hold harmless and forever acquit Southwick Recreation Center Soccer Club, their officers, agents, representatives, trainers, volunteers and employees from any and all actions, causes of action, claims or any liabilities whatsoever, known or unknown now existing or which may arise in the future, on account of or in any way related to or arising out of my son/daughter's participation in the Shootout tournament. Further, I assume all liability of any non-participants who accompany me to the games. In the event of injury or illness to my son/daughter, I hereby grant authority to a qualified physician to render such medical treatment as he/she deems necessary under the circumstances.

My son/daughter has the following medical conditions: \_\_\_\_\_  
\_\_\_\_\_

My son/daughter has the following allergies: \_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

In case of emergency, I can be reached at the following number (s):  
\_\_\_\_\_ (home) \_\_\_\_\_ (work) Should  
you be unable to reach me, you may contact:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_