

2020 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 28, 2020 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: _____