

PLEASE COPY THIS FORM FOR EACH PLAYER. WITHOUT THIS, THEY CANNOT PLAY.

PEABODY YOUTH SOCCER FALL INVITATIONAL

CONSENT FOR MEDICAL TREATMENT (MINORS)

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: _____

HOME PHONE: _____ ADDRESS: _____

Medical information pertinent to routine care and emergencies: _____

FAMILY PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

+++++

GENERAL RELEASE

IN REGISTERING MY CHILD AS A PARTICIPANT IN THE PEABODY YOUTH SOCCER FALL INVITATIONAL, I UNDERSTAND MY CHILD ASSUMES ANY AND ALL RISKS WHICH MIGHT BE ASSOCIATED WITH ITS ACTIVITIES. I AGREE TO WAIVE AND RELEASE ALL RIGHTS AND CLAIMS FOR DAMAGES WHICH MY CHILD, HEIRS EXECUTORS, ADMINISTRATORS, ASSIGN OR I MAY HAVE AGAINST THE PEABODY FALL INVITATIONAL, ITS DIRECTORS, COACHES, OFFICIALS OR REPRESENTATIVES FOR ANY AND ALL INJURIES OR DAMAGES OF ANY KIND SUFFERED AS A RESULT OF PARTICIPATION IN THE PEABODY FALL INVITATIONAL.

SIGNATURE OF PARENT/GUARDIAN: _____

PARTICIPANTS SIGNATURE: _____

PARTICIPANT'S BIRTH DATE: _____

TEAM (TOWN/AGE GROUP) _____ DATE: _____