Name of Club _____ Age Group _____ Coach's Name_____ Contact #_____

Release of Liability and Consent for Medical Treatment

I, as parent or legal guardian, do hereby give my consent for my son/daughter to participate as a player in the 2018 M.I.S.T., to be held on September 15 & 16, 2018 in Madison, Connecticut. I understand and acknowledge that there is a risk of personal injury in soccer competition, and in recognition of these risks do hereby release, hold harmless and indemnify the United States Youth Soccer Association, the Connecticut Junior Soccer Association, the Madison Youth Soccer Club, and their officers, directors, coaches and officials, and the Town of Madison (including school properties), from all claims, causes of action and any and all liability which may result, directly or indirectly, from the participation of my son/ daughter in the tournament. I further give my consent for my son/daughter to receive emergency medical treatment, which may be deemed advisable in the event of an accident or illness during the 2018 M.I.S.T. event. I understand that, if possible, I will be notified by telephone of any emergency treatment required.

Date	Player's Name	Parent Signature	Contact Phone Number During Tournament