

**RELEASE OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT**

**Club Name:** \_\_\_\_\_

**Team Name:** \_\_\_\_\_

**Division:** \_\_\_\_\_

**Coach's Name & Phone Number:** \_\_\_\_\_

**Event Name:** \_\_\_\_\_

**Event Date(s):** \_\_\_\_\_

I, as parent or legal guardian, do hereby give my consent for my son/daughter to participate as a player in the event described above.

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 Colchester Youth Soccer Club, the event committee and their officers, directors, coaches 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 event.

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 event. I understand that, if possible, I will be notified by telephone of any emergency treatment required.

