

SOUTH CENTRAL PREMIER KICK OFF CLASSIC SOCCER TOURNAMENT 2019

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 2019 SCP Kick Off Classic to be held on March 30th and 31st, 2019 in North Branford, Connecticut. I understand and acknowledge that there is a risk of personal injury in soccer competition, and in recognition of the risks do hereby release, hold harmless and indemnify the United States Youth Soccer Association, the Connecticut Junior Soccer Association, Connecticut Sportsplex, South Central Premiere Soccer Club, SCP Kick Off Classic Tournament and their officials, directors, coaches, and game officials, from all claims, causes of action and any and all liability which may result, directly or indirectly from the participation of my son or daughter in the tournament. I further give my consent for my son or daughter to receive emergency medical treatment which may be deemed advisable in the event of an accident or illness during the 2018 South Central Premier Kick Off Classic Tournament. I understand that if possible, I will be notified by telephone of any emergency treatment required.

Team Name: _____

Coaches Name: _____

Division: _____

DATE:	PLAYERS NAME:	PARENT/GUARDIAN SIGNATURE:	CONTACT PHONE NUMBER:
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