



Player Name: _____ Team Name: _____
 Soccer Club Name / Division: _____ Age & Gender: _____

****2017 Foxboro Cup Memorial Day Tournament – Medical & Liability Release****

1 Foxboro Soccer Association, Inc., Foxboro MA – General Release

I hereby acknowledge that participation in a soccer competition carries with it potential hazards. These risks include, but are not limited to, harm caused by collision with another player or his or her equipment; harm caused by incidents during travel to and from the tournament and dehydration during practices, games or events.

2 Assumption Of Risk

In spite of the risks involved in participation YOU, AND ON YOUR CHILD’S BEHALF, FREELY AND VOLUNTARILY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY, and therefore, release Foxboro Soccer Association, Inc., and its team coaches, the officers and officials of the tournament, the town of Foxboro, Foxboro High School and the Foxboro Recreation Department and any sponsor or organization associated with the tournament, of liability in the event of injury during the 2017 Foxboro Cup Memorial Day Tournament, May 27th & 28th, 2017.

3 Consent For Emergency Medical Aid And Medical Treatment

I hereby give 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 Foxboro Cup Memorial Day Tournament May 27th & 28th, 2017.

Medical Information

Known Allergies:	
Known Medical Problems:	
Date Of Last Tetanus Immunization:	
Health / Hospital Insurance:	
(Name Of Insurer) Certificate/Policy #:	
Name Of Insured:	
Personal Physician:	
Address:	
Telephone #:	
Parent Signature / Date:	
Mobile Phone #:	