

2018 CDT Medical Release Form

North Andover Columbus Day Tournament - Medical Release Form

Please complete a copy of this form for each player. This form must be completed in order for a player to participate. Forms may be mailed to the Tournament Director or turned in at the Tournament Registration prior to your first game.

36th Annual North Andover Columbus Day Soccer Tournament

October 6-8, 2018

CONSENT FOR MEDICAL TREATMENT (MINORS)

In the unlikely event that medical attention may be necessary for my child, I, the Parent/Guardian of

give my consent for emergency medical/surgical treatment of my child.

Signature of Parent/Guardian: _____

Phone: _____ Email: _____

Address: _____ City/State: _____ Zip: _____

Specifics: (Example - "My child is allergic to..." or "my child is currently taking the following medications...", etc.)

Family Physician: _____ Phone: _____

GENERAL RELEASE

In registering my child as a participant in the North Andover Soccer Association 35th Annual Columbus Day Tournament, I understand my child assumes any and all risks which might be associated with its activities and waive and release all rights and claims for damages which my child, heirs, executors, administrators, assigns, or I may have against the North Andover Columbus Day Tournament, North Andover Soccer Association, its directors, coaches, officials, or representatives for any and all injuries or damages of any kind suffered as a result of participation in the 35th Annual North Andover Columbus Day Tournament.

Signature of Parent/Guardian: _____ Date: _____

Participant's Signature: _____ Participant's Birthdate: _____

Team (Town/Group): _____