



Hosted by the *Pittsfield Soccer Club*

Medical Release

I/We, have legal custody of _____ (the "Player"). I/We hereby authorize a representative of The Pittsfield Soccer Club, including the Player's coach, to consent to any X-ray examination, anesthetic, medical, surgical or dental treatment and/or hospital care to be rendered to the Player under the general or special supervision and on the advice of any licensed physician, surgeon or dentist. I/We further agree to be responsible for any medical, dental or hospital fees or costs associated with treatment of the Player.

Father/Legal Guardian:

Print Full Name: _____ Signature: _____ Date: _____

Mother/Legal Guardian:

Print Full Name: _____ Signature: _____ Date: _____

<p>Father's Work Phone: _____ Mother's Work Phone: _____</p> <p>Father's Cell Phone: _____ Mother's Cell Phone: _____</p> <p>Insurance Carrier: _____ Policy Nbr. _____</p> <p>Physician's Name: _____ Physician's Phone #: _____</p> <p>Known Allergies or Medical Problems:</p> <p>_____</p> <p>_____</p> <p>_____</p>

Indemnification

The undersigned parent(s)/legal guardian(s) hereby acknowledge(s) that the game of soccer competition carries with it a potential risk of injury, and as such, the undersigned hereby assume(s) the risk of such possible injury to the Player. The undersigned also agree(s) to indemnify and hold harmless The Pittsfield Soccer Club, its directors, coaches and representatives from any loss, damage, or other disability, however characterized, resulting from injury or damage to the Player, resulting directly or indirectly from such Player's participation or association with Berkshire KickOff Classic Tournament, including practices, games, or other activities.

I/We, the parent(s)/legal guardian(s) do hereby agree to the above Indemnification. I/We further agree that I/we have read and fully understand the terms and conditions, possible implications, and consequences of this Indemnification, and I/we are executing the same freely and voluntarily.

Father/Legal Guardian:

Print Full Name: _____ Signature: _____ Date: _____

Mother/Legal Guardian:

Print Full Name: _____ Signature: _____ Date: _____