

Point Pleasant 7v7 Soccer Tournament July 17, 2021

Roster Verification, Medical Release, and Release of Liability

Coaches must turn this form in prior to first game

Team Name: _____

Division: Boys / Girls

Coach's Name: _____

Contact #: _____

Athlete Name (Printed)	Date of Birth	Parent/Guardian Signature*

*Parent signature gives parental consent for the student-athlete to participate in the Point Pleasant 7v7 Soccer Tournament. By signing the parent acknowledges that the student may be accidentally injured and certifies the student-athlete is a student at the school they are representing.

Medical Release: I hereby give permission for the student-athlete to receive medical attention in the event of an accident, injury, or sickness. Administration of such care will be under the direction of the sports medicine staff, coaches, referees, and

administration at the site of the tournament until the parent/guardian can be contacted. Parent/guardian also assumes responsibility for payment of services.

Waiver: By permitting the student-athlete/child to participate in the Point Pleasant 7v7 Soccer Tournament I do hereby waive, release, and forever discharge all tournament sponsors, tournament directors, coaches, referees, host site administrators, school board members, school and county administrators, and tournament workers all claims, demands damage actions, causes of action, or suits of whatsoever kind of nature arising out of my student-athlete/child participating in said tournament on July 17, 2021.

I swear the signatures, names, and birthdates are legal and accurate. I can if the need arises prove the age and or school of attendance for all athletes listed on this page to tournament directors.

Coach's Signature: _____

Date: _____