

MYERSTOWN SOCCER CLUB & ELCO UNITED

9TH ANNUAL FUTSAL SOCCER TOURNAMENT

Date – Friday, February 28 thru Sunday, March 1

Medical Release Form

Player's Name: _____

Address: _____

City/State/Zip: _____

Emergency Contact: (Parent/Guardian)

Name: _____

Telephone: _____

Insurance Coverage: _____

Recognizing the possibility of physical injury associated with soccer and in consideration of the Eastern PA Youth Soccer Association, The Myerstown Soccer Club, ELCO United, Tournament Organizers, and the Eastern Lebanon School District accepting the registrant for this soccer tournament, I hereby release, discharge and/or otherwise indemnify these organizations against any claim by or on behalf of the registrant's participation in this tournament. I also recognize that any costs that may be incurred as a result of any injury and/or medical treatment are my responsibility and not the responsibility of the above entities. In addition, I authorize any treatment that may be required until such time that I am notified.

Signature of Parent/Guardian: _____

Date: _____

Bring completed form for each player to tournament check-in desk.