



Chili Soccer Tournament Team Medical Verification Release

I _____, coach of the _____
acknowledge that I will have on my possession during all games at the
Chili Soccer Tournament June 26 and 27, 2010, medical release forms for
each player registered on my team.

I acknowledge that the form is signed by that player's parent or legal
guardian and includes waiver of liability clause and Consent for Medical
Treatment similar to below:

Release of Liability

Recognizing the possibility of injury associated with soccer and in consideration for the
USSF/USYSA and its affiliates accepting the above-named player for its soccer program and
activities, I hereby release, discharge and/or otherwise indemnify the USSF/USYSA, its affiliated
organizations and sponsors, their employees and personnel, including the owners of the fields and
facilities utilized for the League/Tournament contents against any claim by or on behalf of the player
as a result of the player's participation.

Consent For Medical Treatment

As the parent or legal guardian of the above-named player, I request that in my absence my child be
admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize
physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other
licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative
procedures and X-ray treatment of the above minor. I have not been given a guarantee as to the
results of examination or treatment.

Date _____

Signature _____

