



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 4, 5 and 6, 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 _____

