

SELECT MEDICAL RELEASE AND WAIVER



TEAM NAME

PLAYER NAME

ADDRESS

EMAIL

KNOWN ALLERGIES (INCLUDING MEDICINE) AND/OR ANY OTHER MEDICAL ISSUES THAT WE SHOULD BE AWARE OF

NAME OF PARENT/GUARDIAN

PARENT/GUARDIAN PHONE NUMBER

EMERGENCY CONTACT (W/PHONE NUMBER)

INJURY WAIVER

I hereby release and discharge South Shore Select, Kick-it USA and South Shore Sports Center, and all coaches, managers, officers and others participating in Leagues, Tournaments, and/or other Club activities, from all liability for injuries to the above named person and will defend and indemnify them from claims, lawsuits and other liabilities. I hereby give my approval to his/her participation in all club sponsored events which will include but will not be limited to practice, tournaments and league participation. Also, it is my understanding that insurance is not covered by this Soccer Club, or the Leagues and/or Tournaments they may enter.

MEDICAL RELEASE

I hereby give my permission for any medical attention necessary to be administered to my child, in the event of an accident, injury, sickness, etc., during any South Shore Select Soccer, Kick-it USA or South Shore Sports Center event, under the direction of a South Shore Select Soccer, Kick-it USA or South Shore Sports Center representative until I can be contacted. I also hereby assume the responsibility for payment of any such necessary treatment.

SIGNATURE OF PARENT/GUARDIAN

DATE