Warner Soccer 4 v 4 Festival of Soccer Tournament

Medical / Liability Release Form

Coaches, Managers:
Please be sure that each player listed on your roster is listed on this form and have the parent or legal guardian sign in the space provided.
This form must be on file before your team can play.

Parents, Legal Guardians:
Please read, understand and if agreeable, sign the document below, which will allow your child to play in the Warner Soccer 4 v 4 Festival of SoccerTournament.

I, the undersigned, hereby give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, or sickness, etc. I will be responsible for the payment of such treatment. I release Warner Soccer from any liability suits regarding my child's participation in the above mentioned tournament.

Team Name_____

	First Name	Last Name	Primary Ph No	Signature	Date
1					
2					
3					
4					
5					
6					
7					
8					

I, coach signed above, hereby certify that the above information and signatures are valid.

COACH (print) _____ COACH (signature) _____ Date _____