



TOURNAMENT ROSTER & RELEASE

Team Name		Coach Name	
Boys/Girls		Coach Cellphone	
Age Group		Town Affiliation	

IMPORTANT: COACHES MUST HAVE THIS FORM COMPLETED FOR SUBMISSION AT CHECK-IN 30 MINUTES PRIOR TO YOUR FIRST GAME.

	<u>Player Name</u>	<u>Uniform #</u>	<u>Birthdate</u>	<u>Medical Conditions</u>	<u>Parent Signature *</u>
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2					
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*** MEDICAL & GENERAL RELEASE**

By signing this document, I, as the parent/legal guardian request that in my absence the above-named player 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 such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Furthermore, I hereby acknowledge that participation in soccer competition carries with it potential hazard. I therefore release the Chelmsford Youth Soccer Association and it's team coaches, the officers and officials of the Tournament, and the Town of Chelmsford, of liability in the event of injury during the Labor Day Launch! Tournament.