

2016 Charleston Spring Shootout

TOURNAMENT PLAYERS' RELEASE FORM

*****ALL TEAMS MUST COMPLETE AND SUBMIT THIS FORM FOR REGISTRATION*****

I, the parent or legal guardian, grant my permission for my child to participate in the 2016 Charleston Spring Shootout. Recognizing the possibility of physical injury associated with soccer, I do hereby assume responsibility for any accident, injury, or death that may occur to my child/ward while participating in any tournament activities. I hereby remise, release, and forever discharge United Soccer Academy Mount Pleasant and its agents, servants, personnel, and coaches from suits of law, of whatsoever kind of nature regarding my child's/ward's participation in this tournament. As the parent or legal guardian of the player listed below, I hereby give my consent for emergency medical care for my child/ward in the event of injury. I also assume the financial responsibility for any medical treatment for my child/ward.

Team Name: _____ **Age Group:** _____ **Boys/Girls**

<u>Player Name</u>	<u>Parent Signature</u>	<u>Parent Name</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____

