



MITCHELL SOCCER ASSOCIATION
CORNICUPIA
MITCHELL, SD
September 13th & 14th, 2025

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE: MSA requires ALL players, or a guardian of a player who is under 18 years of age, to complete this waiver.

This waiver acknowledges and accepts player's participation in MSA's 2025 Cornicupia. I understand the potential risk of injury in participating in this event and hereby release Mitchell Soccer Association, sponsors, event staff, City of Mitchell, and any other associated personnel against any claim, expenses, or liability by myself or on the behalf of my player as a result of my child's participation in this event. I give consent for my child to receive care or treatment by an athletic trainer during the event if medical assistance would be needed.

I understand MSA intends to take photos of this event for marketing and/or media, and I acknowledge and agree for myself or my child to be photographed during the event.

PLAYER INFORMATION

Player's Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Allergies: _____

Other Medical Conditions: _____

EMERGENCY INFORMATION

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

IN AN EMERGENCY, WHEN PARENTS CANNOT BE REACHED, PLEASE CONTACT:

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature _____ Printed Name: _____

Relationship to Player: _____ Date ____/____/____