

LOUDOUN SOCCER 3V3 CHARITY CUP

COMBINED ROSTER/MEDICAL WAIVER

We, as parents and legal guardians of the children listed below, release, discharge, and agree to hold harmless and indemnify the Loudoun Soccer Club, any of its sponsors, or any one of the designated coaches of the team, from any and all liability, claims or demands arising from participating in said soccer program or while on trips sponsored by or in conjunction with said soccer program. In addition, we do hereby authorize any one of the designated adults of the team, if, after a reasonable attempt has been made to reach us to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the Registrant under the general or special supervision and on the advice of any physician or surgeon duly licensed to practice and do consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care, by any dentist duly licensed to practice. This form must be completed and turned in at team check-in. A copy must be kept with the team at all times.

	Players Name	Allergies	Birth Date	Phone Number	Parent/Guardian's Signature	Date Signed
1.						
2.						
3.						
4.						
5.						
6.						

TEAM NAME: _____ AGE GROUP: _____ DIVISION: _____

MANAGER/COACH: _____ EMAIL: _____ CELL PHONE: _____

Maximum of 6 players on your roster.

Your age division is determined by your age group for the previous season's age group guidelines.

Team roster and medical release is combined.

Please have age verification available if necessary, during the tournament.

Please bring 4 copies of this form completed to team check-in one hour before your first game.