

**North Andover Columbus Day Tournament - Medical Release Form**

*Please complete a copy of this form for each player. This form must be completed in order for a player to participate. Forms may be mailed to the Tournament Director or turned in at the Tournament Registration prior to your first game.*

**37th Annual North Andover Columbus Day Soccer Tournament  
October 12-14, 2019  
CONSENT FOR MEDICAL TREATMENT (MINORS)**

In the unlikely event that medical attention may be necessary for my child, I, the Parent/Guardian of \_\_\_\_\_ give my consent for emergency medical/surgical treatment of my child.

Signature of Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Specifics: (Example - "My child is allergic to..." or "my child is currently taking the following medications....", etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**GENERAL RELEASE**

In registering my child as a participant in the North Andover Soccer Association 37th Annual Columbus Day Tournament, I understand my child assumes any and all risks which might be associated with its activities and waive and release all rights and claims for damages which my child, heirs, executors, administrators, assigns, or I may have against the North Andover Columbus Day Tournament, North Andover Soccer Association, its directors, coaches, officials, or representatives for any and all injuries or damages of any kind suffered as a result of participation in the 37th Annual North Andover Columbus Day Tournament.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Participant's Birthdate: \_\_\_\_\_

Team (Town/Group): \_\_\_\_\_