



Carolina Sand Blast Beach Soccer Tournament Tournament Liability Release & Medical Authorization

Waiver of Liability: We/ I, as the parent/legal guardian of the player named below, do hereby declare our intent to allow this child to play and participate in the Carolina Sand Blast. We/ I hereby release and hold harmless from any and all liability; US Club Soccer, Pleasure Island Soccer Association, its coaches, sponsors, board members and personnel, officials, or any others associated with this organization against any claim by or on behalf of the player's participation in this program. We/I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify Pleasure Island Soccer Association, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and personnel of these organizations, against any claims.

Medical Consent Release: We/ I do hereby authorize Pleasure Island Soccer Association or any representatives including coaches, officials, or anyone associated with this organization, if after reasonable attempt has been made to reach the designated parent/guardian named above to consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or personnel provide the participant named below assistance and treatment and agree to be financially responsible for the cost of such assistance and/or treatment, and authorize emergency transportation of the participant to a medical treatment facility should it be warranted.

Team Name: _____ Age Division: _____ Gender: _____

Player Name

Parent Signature

1. _____ : _____ :
2. _____ : _____ :
3. _____ : _____ :
4. _____ : _____ :
5. _____ : _____ :
6. _____ : _____ :
7. _____ : _____ :
8. _____ : _____ :