

## Falmouth Fall Classic Release of Liability form



Parents/guardians and participants hereby acknowledge that participation in soccer competition carries with it potential hazards, including but not imited to injury or the contraction of infectious diseases. I, the parent/guardian and the participant therefore release the Falmouth Youth Soccer Assocation (FYSA), its teams, coaches, officers, directors, and officials of the Tournament, and their officers and participants, the Town of Falmouth and its officials, from any and all liability in the event of any injury or contraction of inectious diseases during the 2023 Falmouth Fall Classic Soccer Tournament.

Participant's Signature:	DOB:
Team Age and Club Affiliation: Boys/Girls	s U on Club:
Parent/Guardian's Signature:	Dated:
CONSENT FOR MEDICAL EMERGEN	CY MEDICAL AID AND MEDICAL TREATMENT
I hereby give consent for my child,	, to receive emergency medica
treatment which may be deemed advisable	e in the event of injury, accident or illness during the 2023
Falmouth Fall Classic Soccer Tournamer	nt, October 7-9, 2023 and thereafter, as may be deemed
necessary, including being admitted to an	y hospital or medical facility for diagnosis and treatment.
hereby authorize physicians, dentists ar	nd staff, including technicians and nurses, to perform
diagnostic and treatment procedures, oper	ative procedures and X-ray treatment of the above named
child as they may deem appropriate and ne	cessary in the circumstances.
MEDICAL INFORMATION	
Known Allergies:	
Health Insurance Company & Policy #:	
Personal Physician:	
I understand that, if possible, I will be notif	hed by telephone of any emergency treatment required.
Parent/Guardian's Signature:	Date:
Address:	
	Alternate Tel. #

EACH PLAYER MUST COMPLETE THE REQUIRED WAIVER. Coaches need to upload waivers to Got Sport or provide hard copies upon check-in on the first day of games for your time.