

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 limited to injury or the contraction of infectious diseases. I, the parent/guardian and the participant therefore release the Falmouth Youth Soccer Association (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 infectious diseases during the 2025 Falmouth Fall Classic Soccer Tournament.

Participant's Signature:	DOB:
	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 medical
	in the event of injury, accident or illness during the 2025
Falmouth Fall Classic Soccer Tournament	October 11-13, 2025 and thereafter, as may be deemed
necessary, including being admitted to any	hospital or medical facility for diagnosis and treatment.
hereby authorize physicians, dentists an	d staff, including technicians and nurses, to perform
diagnostic and treatment procedures, opera	tive procedures and X-ray treatment of the above named
child as they may deem appropriate and neo	essary in the circumstances.
MEDICAL INFORMATION	
Known Allergies:	
Known Medical Problems:	
Health Insurance Company & Policy #:	
Personal Physician:	
I understand that, if possible, I will be notifi	ed by telephone of any emergency treatment required.
Parent/Guardian's Signature:	Date:
Address:	
Home Telephone #:	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.