

Gates Youth Soccer League

Gates Soccer Tournament

ROCHESTER
REGIONAL HEALTH

TSE
TOTAL SPORTS EXPERIENCE

Team Medical Verification Release

I _____, coach/manager of the
_____ acknowledge that I will have in my possession
during all games at the Gates Soccer Tournament, medical release forms for each player &
guest player registered on my team.

**I acknowledge that the form is signed by that player's parent or legal guardian and
includes waiver of liability clause and Consent for Medical Treatment similar to below:**

Release of Liability

Recognizing the possibility of injury associated with soccer and in consideration for the USSF/USYSA and its affiliates accepting the above-named player for its soccer program and activities, I hereby release, discharge and/or otherwise indemnify the USSF/USYSA, its affiliated organizations and sponsors, their employees and personnel, including the owners of the fields and facilities utilized for the League/Tournament contents against any claim by or on behalf of the player as a result of the player's participation.

Consent for Medical Treatment

As the parent or legal guardian of the above-named player, I request that in my absence my child be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and X-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment.

Date _____

Signature _____

