Rose City Soccer Challenge

Medical / Liability Release Form

Coaches, Managers:
Please be sure that each player listed on your official state roster and any guest player is listed on this form and have the parent or legal guardian sign in the space provided.

This form must be on file before your team can play.

Parents, Legal Guardians:
Please read, understand and if agreeable, sign the document below, which will allow your child to play in the Rose City Soccer Challenge.

I, the undersigned, hereby give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, or sickness, etc. I will be responsible for the payment of such treatment. I release Thomas University, the Thomas Area Soccer Association, the City of Thomasville, the Thomasville City Schools, Thomas County and the Thomas County Schools, Brookwood School, the Thomasville YMCA and the Thomas Area Soccer Association Board Members and Tournament Committee from any liability suits regarding my child's participation in the above mentioned tournament.

Team Name _____

	Player	**Parent/Legal Guardian Signature**	**Date**
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
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11.			
12.			
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14.			
15.			
16.			
17.			
18.			

COACH (print)	**COACH (signature)**	**Date**

I, coach signed above, hereby certify that the above information and signatures are valid

Please use a second release form if your team roster exceeds 18 players.