



2020 Bridgewater Challenge Cup Soccer General Release & Medical Consent

*Bridgewater Youth Soccer Association
P.O. Box 562
Bridgewater, MA 02324*

MANDATORY

GENERAL RELEASE & MEDICAL CONSENT

1. **TO: Bridgewater Youth Soccer Association - GENERAL RELEASE.** I/we hereby acknowledge that participation in any soccer competition carries with it a potential hazard. I/we hereby, jointly and severally release the Bridgewater Youth Soccer Association, its officers, directors, representatives and other participating organizations, the Commonwealth of Massachusetts, the Massachusetts Department of Corrections, its officials, agents and employees of liability in the event of injury during the 2020 BRIDGEWATER CHALLENGE CUP SOCCER TOURNAMENT.

Participant's Signature

_____/_____/_____
Participant's DOB

Parent/Guardian Signature

_____/_____/_____
Date

Team Name

Town/State

Soccer Club Affiliation

2. **CONSENT FOR EMERGENCY MEDICAL AID TREATMENT**

I/we hereby give consent for _____ to receive medical treatment.
Participant's Name

This may be deemed advisable in the event of accident or illness during the 2020 BRIDGEWATER CHALLENGE CUP SOCCER TOURNAMENT. I/we understand that, if possible, I/we will be notified by telephone of any emergency treatment required.

Parent/Guardian Signature

_____/_____/_____
Date