Hamburg Monarchs Soccer Tournament 2009
Release/Medical Form

Liability Release

I, the undersigned, for myself or as a parent or guardian of the above named player, understand that the game of soccer involves a risk of injury. In consideration of my or my child/ward being allowed to play in the Hamburg Monarchs Soccer Tournament, I hereby, for myself and/or my child/ward, agree to release and hold harmless the Hamburg Monarchs Soccer Tournament, Hamburg Soccer Club, Town of Hamburg, their officials, officers, directors, members, and sponsors, for and from any liability for injury, of any nature whatsoever, that may arise as a result of participation in the Hamburg Monarchs Soccer Tournament.

Medical Consent

I, the undersigned, for myself or as a parent or legal guardian of the named player, in the event of injury or illness, hereby give my consent to have an Athletic Trainer, Emergency Medical Technician, Physician, Hospital, Dentist, or other appropriate medical personnel provide him/her with medical assistance and/or treatment.

Player Name	Player/Guardian Signature	Date

As coach/manager I acknowledged that notarized copies of a medical release form for each player on our approved roster are on file with our club. I also acknowledge that copies of said releases are kept with the team.

Coach/Manager _____ Signature _____ Date _____