



Team Medical Release Form

General release of liability and indemnification and consent for emergency medical aid and treatment at the CRA *Just for Kicks* Annual Soccer Tournament.

Team Name: _____

Town: _____ Age Division: _____

I, the parent or guardian for the below named participant, hereby grant approval for his/her participation in the CRA *Just for Kicks* Annual Soccer Tournament and related activities during the tournament. I understand that by allowing participation in said tournament and related activities, I assume all risks and hazards incidental to such participation including, but not limited to, transportation to and from the activity. I also agree to waive, release, absolve, indemnify, and hold harmless to CRA Soccer Committee, including its organizers, sponsors, supervisors, participants, volunteers, members, agents, servants, employees, or Central Berkshire Regional School District for any injury, claim or loss arising from or at said tournament. **I further acknowledge that by signing this release I give permission and assume financial responsibility for the treatment and care of my child for any injury, sickness, or condition requiring medical treatment or medical attention during said activities.** This release is voluntarily signed and provided as consideration for my child being allowed to participate in said tournament.

PLAYER NAME	PARENT SIGNATURE	PHONE NUMBER	DATE

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COMMUNITY RECREATION ASSOCIATION

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