

Gates Youth Soccer League

General Release Form

I hereby acknowledge that participation in soccer competition carries with it potential hazard. I, therefore, release the Gates Youth Soccer League, it's officers, officials and coaches, the Town of Gates, and the Gates Central School District from any liability in the event of injury during the Gates Youth Soccer Annual Invitational Tournament & Festival.

I hereby give my consent, in case of injury, to have an athletic trainer, medical doctor, nurse, EMT, hospital or clinic provide the player with medical assistance and/or treatment, and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Team Name _____

Soccer Club Affiliation _____

Participant's signature _____

Participant's date of birth _____

Parent/guardian signature _____

Name (printed) _____

Address _____

City/State/Zip Code _____

Emergency Phone Number _____

Medical and/or Hospital Insurance Company _____

Policy Number _____

Known allergies or other pertinent medical information _____

Signature and Date _____