NYSA 3 v 3 Tournament Roster & Liability/Medical Consent/Photo Release Form 2010

Team Name: _____Town: _____
Age Group: _____Gender: _____
Coach Name:_____Address:_____ City/State_____
Coach Phone: _____

Medical Consent and Liability Release: I hereby give my permission and approval for my child to participate in the NYSA 3v3 Tournament.
I understand and assume any and all risks which might be associated with its activities and waive and release all rights and claims for damages which I, my heirs, executors, or administrators may assign or I may have against NYSA and, its directors, coaches, other volunteers and officials, and the Town of Northbridge (including its various departments – school, fire, and police) for any and all injuries suffered as a result of participation in the 3v3 Tournament. In addition, I provide consent for emergency medical care for myself/child prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of myself/child. Please note any special medical needs:

_____

Photo Release: I give NYSA permission to publish any photos taken during the 3v3 Tournament that include my child provided that there is no accompanying identification other than a team name.

By signing below I assure that I have read and understand the above stated liability and release information.

	Name	Signature- Player if Adult or Parent/Guardian if minor child	Address	DOB*	Phone	Town**
1						
2						
3						
4						
5						
6						

*** Correct Birthdates are the responsibility of the Coach (proof of age may be requested during the Tournament) – Roster coach signature verifies this.**
**** MYSA/NYSA player is registered with (Town club.). Any player not registered last fall, this spring, or for the upcoming soccer season is not eligible to play in this event.**

Coach Signature: _____ Date: _____ Director Approval:_____Date:_____