

2019 BARMAK/BRYSON MEMORIAL TOURNAMENT MEDICAL RELEASE FORM

To: Enfield Soccer Club, Barmak/Bryson Memorial Soccer Tournament & Volunteers

I hereby acknowledge the inherent risk a Soccer Competition carries with it, and the potential for injury. I therefore release the Enfield Soccer Club, its team coaches, officers & official of the tournament, the tournament sponsoring entities & their officers, the Town of Enfield, CT & its officials from all liability in the event of an injury during the 2019 Barmak/Bryson Soccer Tournament.

	<u>Participant Name</u>	<u>Date of Birth</u>	<u>Guardian Name</u>	<u>Guardian Signature</u>
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Team/Club Affiliation:		Date:
Representative's Name:	Representative's Signature:	

Team representatives will carry a copy of their club's medical release form for each player rostered. Failure to do so may result in the forfeiture of all games played without the release form.