

**Barrington Invitational Tournament**  
**November 4 and 5, 2017 – Barrington, Rhode Island**

**RELEASE OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT FORM**

**This form must be completed for all participants in the Tournament**

To: Barrington Soccer Association

From: Participant

Subject: **General Release of Liability, Indemnification, and Consent for Emergency Medical Aid and Treatment.**

I, as parent or legal guardian, do hereby give my consent for my child, \_\_\_\_\_, to participate as a player in the Barrington Invitational Tournament ("Tournament") to be held on November 4<sup>th</sup> and 5<sup>th</sup> 2017. I understand and acknowledge that there is a risk of personal injury in soccer competition and, in recognition of these risks, do hereby release, hold harmless, and indemnify the Barrington Soccer Association and Soccer Rhode Island and their officers, directors, coaches and designated officials from all claims, causes of action, and any and all liability which may result, directly or indirectly, from my child's participation in this tournament.

I further hereby give my consent for my child, \_\_\_\_\_, to receive emergency medical treatment, that may be deemed advisable in the event of an accident or illness during the Tournament. I understand that, if possible, I will be notified by telephone of any emergency treatment required.

Parent/Guardian: \_\_\_\_\_  
Signature Date

Parent/Guardian: \_\_\_\_\_  
Print or Type Name

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact #'s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

**MEDICAL INFORMATION**

Health Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Office Tel: \_\_\_\_\_

Known Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Known Medical Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_