NESC MEDICAL RELEASE FORM

Team Name:		Club/Town Affiliation:	
Coach:	email:	cell:	alt. phone:
Contact 2:	email:	cell:	alt. phone:

The undersigned responsible adult, parent or leagal guardian of the player, understands the player will be engaging in physical activity at the New England Soccer Classic (NESC), which involves inherent risk of physical injury. The undersign releases Nauset and Dennis-Yarmouth Regional Public Schools, Cape Cod Technical High School, Town of Yarmouth Recreation Department, Crusaders United and Rock Harbor Sports Group Inc. from any and all liability of personal injury arising out of the player's engaging in activities at the facilities.

The undersigned hereby grants permission for the player to participate in activities at the NESC and to be treated by the athletic trainer or other NESC Staff member for personal injury or mishap. Further, the undersigned agrees that Nauset & Dennis-Yarmouth Regional Public Scools, Cape Cod Technical High School, Town of Yarmouth, the Crusaders United and Rock Harbor Sports Group Inc., their officers, directors, agents and employees are not responsible for the payment of any medical treatment which may be provided. The undersigned certifies that the player is in good health to participate in activities on the premises.

#	PLAYER'S LAST	FIRST	PARENT/GUARDIAN SIGNATURE	PHONE