# CRANBERRY CUP 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 understand the player will be engaging in physical activity at the Cranberry Cup, which involves inherent risk of physical injury. The undersign releases Carver Public Schools, Crusaders United and Rock Harbor Sports Group 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 Cranberry Cup and to be treated by the athletic trainer or other Cranberry Cup Staff member for personal injury or mishap. Further, the undersigned agrees that Carver Public Scools, the Crusaders United and Rock Harbor Sports Group, 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 |
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