

West Haven Invitational Tournament
October 11 and 12, 2025

RELEASE OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT FORM

To: West Haven Youth Soccer League

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 West Haven Invitational Tournament ("Tournament") to be held on October 11th and 12th, 2025. 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 West Haven Youth Soccer League and Connecticut Junior Soccer Association, 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 which 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: _____

