Cape Cod Challenge Cup

P.O. Box 258
Sandwich, MA 02563
WAIVER OF MEDICAL RELEASE FORM

TEAM NAME: _____

COLORS: _____

DIVISION: _____

1st CONTACT:	_____
ADDRESS:	_____
TELEPHONE:	_____

2nd CONTACT:	_____
ADDRESS:	_____
TELEPHONE:	_____

The Undersigned responsible adult, parent, legal guardian of the player understands that the player will be engaging in physical activity at the Cape Cod Challenge Cup, which involves an inherent risk of physical injury. The Undersigned releases Sandwich Soccer Club and their officers, directors, members, managers, agents, and employees from any and all liability for personal injury arising out of the player's engaging in physical activities on the facilities. The Undersigned hereby grants permission for the player to participate in activities at the Cape Cod Challenge Cup and to be treated by a licensed physician or member of the Challenge Cup Staff for any personal injury or mishap and further agrees that the Sandwich Soccer Club is not responsible for the payment for any medical treatment which may be provided. The Undersigned certifies that the player is in good health and is able to participate in activities on the premises, and that the Undersigned has read and understands the general rules provided.

FIRST	LAST	DOB	LEGAL SIGNATURE	STREET	CITY	STATE	ZIP	PHONE