

Danvers SOCCER SALUTING SOLDIERS Festival
2025 Release Form

*Attention Coaches: Please copy this form for each player. Without a completed form, they cannot play.
Forms are to be turned in at Festival Registration prior to your first game.*

2025 Danvers SOCCER SALUTING SOLDIERS Festival
CONSENT FOR MEDICAL TREATMENT (MINORS)

In the unlikely event that medical attention may be necessary for my child, I, the Parent / Guardian of _____ give my consent for emergency medical/surgical treatment of my child.

Signature of Parent/Guardian: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Specific Information: (Example - "My child is allergic to ...", or, "My child is taking the following medication ...", etc.)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

GENERAL RELEASE

In registering my child as a participant in the 2025 Danvers SOCCER SALUTING SOLDIERS Festival (The Festival), I understand my child assumes any and all risks which might be associated with its activities and waive and release all rights and claims for damages which my child, heirs, executors, administrators, assigns or I may have against the Festival, Danvers Youth Soccer, its directors, coaches, officials, or representatives for any and all injuries or damages of any kind suffered as a result of participation in the Festival.

Signature of Parent/Guardian: _____ Date: _____

Participant's Name: _____ Participant's Birthdate: _____

Team (Town/Group): _____