

2010 Jack Frost Team Liability Release Form

I agree that **Archdale-Trinity Chamber of Commerce**, their **Officers** and/or **Volunteers**, **Grubb Family YMCA**, their **Officers** and/or **Volunteers**, **Guil-Rand Youth Soccer Association**, their **Officers** and/or **Volunteers**, **Hartley Family YMCA**, their **Officers** and/or **Volunteers**, **Trinity High School**, their **Officers** and/or **Volunteers**, **MSL's Sports, Inc.**, their **Officers** and/or **Volunteers** are released from all liabilities in connection with any medical treatment and any accidents which may occur during or after the **Jack Frost Challenge Tournament 2010**. In the event that I can not be reached, **Archdale-Trinity Chamber of Commerce** and/or **Guil-Rand Youth Soccer Association** and/or **Grubb Family YMCA** has my permission to render whatever medical and other measures deemed necessary in an emergency. I give my permission to the Physician selected by **Archdale-Trinity Chamber of Commerce** and/or **Guil-Rand Youth Soccer Association** and/or **Grubb Family YMCA** or **Hartley Family YMCA** to hospitalize, secure proper treatment for and to order injections, anesthesia, surgery or any other procedures for the child listed below.

Player Signature	Parent and/or Guardian Signature	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		

I do verify that all the above signatures are valid and correct

Manager/Head Coach
