



WIN 2023 Westport Invitational Tournament

Sat, 3/18/23 & Sun 3/19/23

Release of Liability, Consent for Medical Treatment & Covid Waiver

TEAM FORM

SOCCER CLUB: _____ DATE: _____

Team Name: _____ Age Group: _____ (Boys) _____ (Girls): _____

Club Registrar: _____

Club Registrar Email: _____ Cellphone: _____

Responsible Adult Contact at Tournament: _____

Responsible Adult Contact Cell Phone #: _____ Email: _____

Club Admin or Registrar must sign below to validate this form on behalf of the team parents.

Release & Medical Authorization: I, the undersigned, am the parent or legal guardian of the registrant, a minor, and hereby agree that the registrant will abide by the rules of the United States Youth Soccer Association (USYSA), its affiliated organizations and sponsors. I recognize that soccer is a rigorous sport and the possibility of physical injury exists for participants in games, tournaments, practices and clinics. In consideration for the USYSA accepting the registrant for its soccer programs and activities ("the Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including team coaches, game officials, and the owners of the fields and facilities utilized for "the Programs," against any claim by or on behalf of the registrant, as a result of the registrant's participation in "the Programs" and/or being transported to/from the same, which transportation I hereby authorize.

Medical Authorization: I, the undersigned, am the parent or legal guardian of the registrant, a minor, and do hereby give my permission for the registrant to receive any and all medical treatment, assistance, or care administered by any duly licensed physician or hospital in the event of an injury, accident or sickness while he/she is being transported to, or is attending or participating in any game, practice, clinic or other event conducted or sponsored by the USYSA or its affiliated organizations, until such time as I may be contacted. I also hereby assume the responsibility for the payment of any such treatment.

Concussion Awareness: I have read the Heads-up Concussion Fact Sheet for parents found on www.westportsoccer.org > tournament tab and (https://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_fact_sheet_for_parents.pdf)

Tournament Participation: I, the parent or guardian of the above-mentioned club and team player/registrant hereby gives approval to his/her participation in such tournaments and associated activities during Travel season 2022-23. I also assume all risks and hazards incidental to such participation including, but not limited to, transportation to and from the activity. I do further waive, release, absolve, indemnify, and agree to hold harmless the Tournament Soccer Club, its organizers, sponsors, supervisor, participants, volunteers, and members, agents, servants, or employees, for any injury, claim, loss arising from or at said tournament. I further understand that I am solely responsible for the entry fee into said tournament. This release is signed and provided in consideration for our child being allowed to participate in said tournament. I hereby give permission for any and all medical attention necessary to be administered to my child. In the event of an injury, sickness, etc., until such time as I may be contacted; and I assume all financial responsibility for any expenses incurred.

COVID-19 WAIVER: COMMUNICABLE DISEASE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT In consideration of being allowed to participate in any way in any program, event, or activity sponsored or authorized by Connecticut Junior Soccer Association, Inc. and/or any affiliated member, I the undersigned, acknowledge, appreciate, and agree that: I am aware there are risks to me of exposure to, directly or indirectly, arising out of, contributed to, by, or resulting from an outbreak of any and all communicable diseases, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARSCoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE WESTPORT SOCCER ASSOCIATION, CONNECTICUT JUNIOR SOCCER ASSOCIATION, INC. AND ITS AFFILIATED MEMBERS, and their respective officers, officials, agents and/or employees, staff, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct any program, event, or activity (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any ILLNESS, INJURY, DISABILITY OR DEATH I may suffer, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND ITS TERMS. BY SIGNING BELOW, I CONFIRM AND VERIFY THAT ALL PARTICIPANTS' PARENTS/GUARDIANS ON THE ABOVE-MENTIONED TEAM HAVE RECEIVED AND READ A COPY OF THIS FORM, FULLY UNDERSTAND AND APPROVE OF THESE TERMS, AND GIVE ME PERMISSION TO SIGN ON THEIR BEHALF. THIS ALSO CONFIRMS THE UNDERSIGNED, COACH OR ACTING TEAM MANAGER WILL HAVE ACCESS TO AND READILY AVAILABLE ON TOURNAMENT DAYS, EACH PARTICIPANT'S MEDICAL INSURANCE INFORMATION, MEDICAL CONDITIONS, MEDICAL RELEASE AND EMERGENCY CONTACTS.

SIGNATURE of Responsible Party (i.e., Club Admin, Registrar) DATE: _____

PRINT NAME of Responsible Party

Upload this signed form to your TeamSnap Tournaments account for WIN 2023 or email to: registrar@westportsoccer.org