



# WIN 2025 Westport Soccer Invitational Tournament

Sat, 3/15/25 (boys) & Sun 3/16/25 (girls)

Consent & Medical Release

## TEAM FORM (one form per team)

**SOCCER CLUB:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Team Name (include age group & boys or girls):** \_\_\_\_\_

**Adult Contact (print name):** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Sign below on behalf of the team parents/guardians and submit one form per team to: [registrar@westportsoccer.org](mailto:registrar@westportsoccer.org) or upload the form to the documents section of your Team Snap WIN 2025 team account.**

**Consent & Release:** 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, including Westport Soccer Association 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 confirm that my player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I also 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 financial responsibility for the cost of any such assistance and/or treatment.

**Concussion Awareness:** I have read the Heads-up Concussion Fact Sheet for parents found on [www.westportsoccer.org](http://www.westportsoccer.org) > tournament tab and ([https://www.cdc.gov/headsup/pdfs/custom/headsupconcussion\\_fact\\_sheet\\_for\\_parents.pdf](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 soccer season 2024-2025. 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 Westport Soccer Association (WSA), 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 my/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 CONNECTICUT JUNIOR SOCCER ASSOCIATION, INC., Westport Soccer Association 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.

**Click to Accept: 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 READ, FULLY UNDERSTAND AND APPROVE OF THESE TERMS, AND GIVE ME PERMISSION TO SIGN ON THEIR BEHALF. THIS ALSO CONFIRMS THE COACH, TEAM MANAGER OR RESPONSIBLE ADULT WILL HAVE ACCESS TO AND READILY AVAILABLE ON TOURNAMENT DAYS, EACH PARTICIPANT'S MEDICAL INSURANCE INFORMATION, MEDICAL CONDITIONS, MEDICAL RELEASE AND EMERGENCY CONTACTS.**

Click to Accept the e-signature consent clause: *the parties agree this release form may be electronically signed and that electronic signatures shall have the same legal effect as handwritten signatures for validity, enforceability, and admissibility.*

\_\_\_\_\_  
SIGNATURE of Responsible Party. **DATE:** \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME