

# 2012 Piggly Wiggly Shootout

## TOURNAMENT PLAYERS' RELEASE FORM

**\*\*\*ALL TEAMS MUST COMPLETE AND BRING THIS FORM TO REGISTRATION\*\*\***

I, the parent or legal guardian, grant my permission for my child to participate in the 2012 Piggly Wiggly Shootout. Recognizing the possibility of physical injury associated with soccer, I do hereby assume responsibility for any accident, injury, or death that may occur to my child/ward while participating in any tournament activities. I hereby remise, release, and forever discharge South Carolina United FC Mt. Pleasant and its agents, servants, personnel, and coaches from suits of law, of whatsoever kind of nature regarding my child's/ward's participation in this tournament. As the parent or legal guardian of the player listed below, I hereby give my consent for emergency medical care for my child/ward in the event of injury. I also assume the financial responsibility for any medical treatment for my child/ward.

**Team Name:** \_\_\_\_\_ **Age Group:** \_\_\_\_\_ **Boys/Girls**

Player Name

Parent Signature

Parent Name

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____