

2011 Charleston Select 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 2011 Charleston Select 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 above, 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

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