

RELEASE FORM FOR PLAY FOR PINK TOURNAMENT

Athlete Name: _____

This is to certify that the above registrant is in good physical condition. Any medical problems of the registrant are indicated in the space below.

Medical problems:

In the event of an emergency, I/we give my/our permission to the physician or hospital selected by the Play for Pink Tournament directors to secure proper treatment for my/our child.

I/we understand that my/our child will be engaged in the actual playing of the sport of field hockey and, as in any sport, accident/or injury may occur. I/we agree on my/our behalf, and on the behalf of my/our child not to hold Play for Pink directors, Vista High School and Officials responsible or liable for any injury, accident, claims or damages arising out of any occurrence involving the child while attending said camp. I/we agree to release and discharge Play for Pink directors, Officials, Vista High School, from any claim, demand or damages from any cause of action arising out of any occurrence while at this 1 day tournament.

Parent Signature

Date

Printed name

Athlete Signature

Date

Printed name