



2024 Branford Medical Permission & Release Form

- 1) **(Rules/Safety)** I, the parent / guardian of the child below, (a minor,) agree that my child/the registrant and I will abide by the rules and safety guidelines of Victory Soccer School, and it's affiliated organizations and sponsors.

- 2) **(Medical Permission)** The Child/Registrant named below is deemed healthy and has my permission to participate in all session activities except as noted by me or his/her examining physician. If I can not be reached in an emergency, I hereby give permission to the medical staff person or physician selected by the Session Director to secure proper treatment for, hospitalize, order injections and anesthesia for surgery as needed for the child.

- 3) **(Release)** Recognizing the possibility of physical injury, associated with soccer and in consideration for Victory Soccer School accepting my child/registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify Victory Soccer School, all Directors, coaches, its affiliates, organizations and sponsors, staff members and associated personnel, including the owners of the fields and facilities used for the programs, against claims by or on behalf of my child/registrant as a result of his/her participation in the program.

- 4) **(Photo Auth.)** I authorize use of my child's/registrant's photos on Victory Soccer School's website, fliers, brochures or in newspapers.

Session Director 's Name: _____ Coach Bob Dikranian _____

Session Location: _____ Veteran's Memorial Park Branford, CT _____

Session Date(s): _____ July 8—12, 2024 _____

Child's / Registrant's **Name(s)**: _____

I have read and understand and understand all of the information specified above:

Parent / Guardian Signature: _____

Date Signed: _____