Boston University Youth Tournament
Medical Treatment Authorization/Release

I hereby authorize the directors and staff of the Boston University Youth Soccer Tournament to provide care and medical treatment as necessary to my daughter,

_____ ,
name of player

In the event that an injury or illness would require extensive evaluation or treatment, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I consent for the directors of the Boston University Youth Soccer Tournament to authorize any necessary medical treatment.

_____

Signature of parent/guardian Date

_____

Medical Insurance Company Name

_____

Policy number Group number

I, the undersigned, individually and as a parent/guardian of

_____ ,
name of player

a minor, ask that she be admitted as a participant in the Boston University Youth Tournament. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless, Boston University and its employees from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the tournament or in the course of competition.

_____

Signature of parent/guardian Date

This form must be completed prior to participation in BU Youth Tournaments

If you have any questions, please call Casey Brown at 617-353-2069 or email cnbrown@bu.edu