



**QUABBIN SOCCER ACADEMY  
MEDICAL RELEASE FORM**

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As parent/legal guardian of \_\_\_\_\_  
recognizing the possibility of physical injury associated with soccer and in consideration for Quabbin Soccer Academy (QSA) and its affiliates accepting the registrant for its Soccer program and activities (the Program), I hereby release, discharge and/or otherwise indemnify QSA, the Town Of Belchertown, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cell Phone #