AIM CUP 2026 Tournament Team Medical Verification Release

I acknowledge that I will have in my possession during all games at AIM Cup 2026 (June 5 – 7, 2026), a Medical Release form for each player & guest player registered on my official roster submitted for tournament registration.

I acknowledge that the forms are signed by each player's parent or legal guardian and includes a waiver of liability clause and Consent for Medical Treatment.

Your Medical Release forms for each player should include, but is not limited to:

- Release of Liability

Recognizing the possibility of injury associated with soccer and in consideration for the USSF/USYSA and its affiliates, I hereby release, discharge and/or otherwise indemnify the USSF/USYSA, its affiliated organizations and sponsors, their employees and personnel, including the owners of the fields and facilities utilized for the League/Tournament contents against any claim by or on behalf of the player as a result of the player's participation.

- Consent for Medical Treatment

As the parent or legal guardian, I request that in my absence my child be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and X ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment.

Team Name _____

Team Club _____

Signed _____Date_____

Team representative _____
(Manager, Coach, etc)