

Dixon Indoor Soccer Tournament

I, the undersigned participant or parent/guardian of the player listed below do hereby grant the staff of Dixon High School, Dixon Middle School and Tournament staff the authority to render judgment concerning medical assistance or hospital care in the event of an accident or illness. I hereby hold the Dixon High School, Dixon Middle School and Tournament staff, administrators and employees harmless in the event of an injury.

Players Name	Parent Printed Name	Parent Signature
1.		
2.		
3.		
4.		
5.		
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