Recognizing the possibility of physical injury associated with soccer and in consideration for USYS/USS and it's affiliates accepting the registrant for its soccer programs and activities I hereby release, discharge, and/or otherwise indemnify USYS/USS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs. My child has received a physical examination by a physician and has been found capable of participating in the programs.

Therefore, I grant LaGrange Soccer Club permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume financial responsibility for any medical treatment of my child.

Name	Birthdate	Parent Name	contact phone #	signature