



Medical Consent/Waiver

Player's Legal Name _____

Date of Birth _____ Phone Number _____

Parent's Name(s) _____

Insurance Company Name _____ Policy Number _____

Alternate Emergency Contact _____ Phone Number _____

Physical Condition

Circle Correct Information

Diabetes

Yes / No

Epilepsy

Yes / No

Asthma

Yes / No

Contact Lenses

Yes / No

Allergies

Yes / No

If So, Please Specify: _____

Additional Health Related Concerns: _____

Other info: _____

Consent for Medical Treatment and Liability

As a parent or legal guardian of said individual, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve the life, limb and well-being of my dependent.

Parent Signature _____

Dated this _____ day of _____ 20_____

I, the parent/guardian of said individual, agree that I and the registrant will abide by the rules of the USYSA, its affiliates and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA or US Club Soccer accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA or US Club Soccer, its associated personnel, including the owner of the fields and facilities utilized for the Programs, against any claims by or on behalf of the registrant, as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent Signature _____

Dated this _____ day of _____ 20_____