



MINNESOTA YOUTH SOCCER ASSOCIATION INC.

11577 Encore Circle
Minnetonka, Minnesota 55343
Phone (952) 933-2384 or (800) 366-6972 Fax (952) 933-2627
www.mnyouthsoccer.org



LIABILITY/MEDICAL RELEASE

Player's Name: _____ Date of Birth: _____
Address: _____ City: _____ ST: _____ Zip: _____

EMERGENCY INFORMATION

Father's Name: _____ Home Phone: _____ Work Phone: _____
Mother's Name: _____ Home Phone: _____ Work Phone: _____

In an emergency when parents cannot be reached, please contact:

Name: _____ Home Phone: _____ Work Phone: _____
Name: _____ Home Phone: _____ Work Phone: _____

Allergies: _____

Other Medical Conditions: _____

Medical Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy Number: _____

Player's Physician: _____ Phone: _____

PLAYER OR PARENT/GUARDIAN AGREEMENT

I, as the adult-age player or the parent/guardian of the registered, minor player, agree to abide by the rules of the Minnesota Youth Soccer Association (MYSA) and the US Youth Soccer Association (USYSA) and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA and USYSA accepting the player for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the MYSA, USYSA and 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 as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

Adult Player or Parent/Legal Guardian of Minor Player (Print): _____

Date: _____ Signature: _____

CONSENT FOR MEDICAL TREATMENT

As the adult player or parent/legal guardian of a minor participant in MYSA/USYSA programs, 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 are necessary to preserve the life, limb or well-being of the player.

Date: _____ Signature: _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public: _____

My commission expires: _____