

TSA Placement Medical Release Form

Player's last name _____ First name _____

Date of Birth _____ Male or Female _____

Address _____ City, Zip _____

Father's name _____ Phone _____

Mother's name _____ Phone _____

Maiden name _____ (used for your account login)

Legal guardian _____ Phone _____

Emergency contact _____ Phone _____

Email _____

IMPORTANT

I, the parent/guardian of the above-named player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer programs and activities of the USYSA Parties ("the Programs"), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Program, the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

Parent name (print) _____ Player: _____

Signature: _____ **Date** _____ Signature: _____ **Date** _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the Parent of legal guardian of the above named player, I hereby give 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 my dependent

Parent/legal guardian signature: _____ Date: _____ Phone _____

Address _____ City _____ Zip _____