

WINONA YOUTH SOCCER ASSOCIATION

MULTI-PURPOSE FORM:

PARENT AGREEMENT, MEDICAL CONSENT, MEDICAL EMERGENCY

PARENT/GUARDIAN AGREEMENT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of USY SA and the MYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and MYSA accepting the registrant for its soccer programs and activities (the programs), I hereby release, discharge and/or otherwise indemnify the USYSA and MYSA, 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 Programs and/or being transported to or from the same, which transportation I hereby authorize.

PARENT/GUARDIAN NAME (please print)

REGISTRANT'S NAME (please print)

PARENT/GUARDIAN

SIGNATURE _____

DATE ____/____/____

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of a participant in the USYSA-MYSA 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 my dependent.

SIGNATURE _____

DATE ____/____/____

EMERGENCY INFORMATION

CONTACT NAME

ADDRESS

(____) _____

PHONE

ALTERNATE TO NOTIFY

ADDRESS

(____) _____

PHONE

PHYSICIAN/HMO/CLINIC

ADDRESS

(____) _____

PHONE

MEDICAL INSURER POLICY NUMBER

DENTIST PHONE NUMBER

DENTAL INSURER DENTAL POLICY NUMBER

LIST ANY MEDICAL PROBLEMS, LIMITATIONS, ALLERGIES OR CONDITIONS THE PLAYER MAY HAVE