



**Consent for Medical Treatment,
Acceptance of League Rules & Waiver
of Liability**

2005-06 Season (Indoor, Spring Travel & Tournament)

Player

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____

Phone _____

Parent/Guardian

Last Name _____ First Name _____

Address _____ City _____ State _____

Phone No. _____ Alt. Phone No. _____

Consent for Medical Treatment (minor)

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

Parent/Guardian Signature _____ Date _____

Acceptance of League Rules & Waiver of Liability

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs, I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the 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 Signature _____ Date _____

Corning United Soccer Club*, PO Box 136, Painted Post, NY 14870

*Member Broome County Youth Soccer Association, in affiliation with New York State West Youth Soccer Association and the United States Youth Soccer Association