

*Canning
United*



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

Player Name:
Player Address:
Player Phone:
Player E-mail:

Mother's Name:
Phone: H: W: C:
E-mail:

Father's Name:
Phone: H: W: C:
E-mail:

Emergency Contact:
Phone:

Physician:
Phone:

Known Medical Conditions

Indicate any known allergies or other medical conditions.

Consent for Medical Treatment of a Minor

As the parent or legal guardian of the player being registered, 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 life, limb or well-being of my dependent.

Acceptance of League Rules

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.

Waiver of Liability

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.

Certification of Age

I certify that I have provided the correct birth date for the registrant, and I will furnish, upon request, a copy of the registrant's birth certificate as proof of the age of the registrant.

Parent's Name: _____

Parent's Signature: _____ Date: _____