

MINNESOTA YOUTH SOCCER ASSOCIATION INC.

www.mnyouthsoccer.org



IMPORTANT:

Please send the completed form to the club you are registering with, not MYSA. Only players participating in the US Youth Soccer Minnesota State Cup or an out-of-state tournament need to have this form notarized, unless required by your club.

LIABILITY/MEDICAL RELEASE

Player's Name:		Date of Birth:	
Address:		City:	ST: Zip:
EMERGENCY INFO	RMATION		
Parent/Guardian Name:		Home Ph:	Work Ph:
Parent/Guardian Name:		Home Ph:	Work Ph:
Allergies:			
Other Medical Condition	ns:		
Medical Insurance Company:			Phone:
Policy Holder:		Policy Number:	
Player's Physician:			Phone:
In an emergency, when	n parent/guardian cannot be rea	ached, please contact:	
Name:		Home Ph:	Work Ph:
Name:		Home Ph:	Work Ph:
	PLAYER OR PAR	ENT/GUARDIAN AGREE	MENT
Youth Soccer Associat possibility of physical in player for its soccer pro Soccer and its affiliated and facilities utilized for	ion (MYSA), US Youth Socce njury associated with soccer and ograms and activities, I hereby re organizations and sponsors, their	er and its affiliated organization consideration for the MYS lease, discharge and/or other employees and associated per im by or on behalf of the re-	to abide by the rules of the Minnesota ations and sponsors. Recognizing the SA and US Youth Soccer accepting the wise indemnify the MYSA, US Youth ersonnel, including the owners of fields egistrant as a result of the registrant's portation I hereby authorize.
Adult Player or Parent/L	egal Guardian of Minor Player (I	Print):	
Date:	Signature:		
	CONSENT FO	OR MEDICAL TREATMEN	NT
consent for emergency i		licensed Doctor of Medicine	on the Soccer programs, I hereby give my e or Doctor of Dentistry. This care may ng of the player.
Date:	Signature:		
Signed or acknowledge	ed before me thisday	v of	, 20
	Not	tary Public:	
My commission expires:			