



# MINNESOTA YOUTH SOCCER ASSOCIATION



## Emergency Information Consent Form

Name of Registrant \_\_\_\_\_  
First Initial Last

Club \_\_\_\_\_ Team Name \_\_\_\_\_

### Parent/Guardian Agreement

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA 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/Legal Guardian (Please Print) \_\_\_\_\_

Date \_\_\_\_\_ Signature X \_\_\_\_\_

### Emergency Information

Who should be notified? \_\_\_\_\_ Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Alternate who can be notified? \_\_\_\_\_ Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Physician/HMO/Clinic Name \_\_\_\_\_ Street Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Medical Insurer \_\_\_\_\_ Medical Policy Number \_\_\_\_\_

Dentist Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Dental Insurer \_\_\_\_\_ Dental Policy Number \_\_\_\_\_

\_\_\_\_\_  
List any medical problems, limitations, or prohibitions the player may have

### Consent for Medical Treatment

As the parent or legal guardian of a participant in 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.

Date \_\_\_\_\_ Signature X \_\_\_\_\_

### Notes:

1. Adults and high school graduate players over age 18 who are not claimed as dependents by their parents may sign this form for themselves.
2. This form, a portion of the MYSA individual registration form, is to be retained by each team for such use as may be required during the MYSA season.
3. If the player wears eyeglasses during play, lenses and frames of a type acceptable to the referee must be provided at the player's responsibility.