

CHEYENNE SOCCER CLUB

CONSENT FOR MEDICAL AND DENTAL TREATMENT (MINOR)

Player _____

Date of Birth _____

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 Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. My insurance carrier is _____

Policy No. _____.

Dated _____

Signature of Parent or Guardian: _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Business _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

WAIVER

I, the parent/guardian of the below-named player, a minor, agree that I, and the player, will abide by the rules and regulations of US Youth Soccer (USYS), its affiliated organizations and its sponsors (USYS Parties). In consideration of the player's participation in the soccer programs and activities of the USYS Parties (the Programs), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYS Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USYS Parties the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs, provided such use is related to the player's status as a participant in the Programs.

Name: _____
Parent or Guardian (please print)

Signature: _____
Parent or Guardian

Name: _____
Player (please print)

Dated: _____