

NUMBER

Medical Release Form

Player Name _____

Address _____

Email _____

Phone Number _____

Male

Female

Birth Date _____

Medical Release: I, the parent of the player named hereon, acknowledge that participation in the sport of soccer, as in any sport, may result in injury. The undersigned parent-guardian therefore releases the California Youth Soccer Association-South, its member leagues, teams, agents, officers, coaches, administrators, and players from all liability or responsibility for any claim damage or legal action on behalf of the player or the player's parents, heirs, or personal representatives arising from any injury the player may sustain while participating in soccer or related activities, including these try-outs and transportation. I also give my consent for emergency medical care prescribed by a licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

NAME OF PARENT OR LEGAL GUARDIAN (PLEASE PRINT)

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE