

We will be posting pictures of various games on the website from time to time. This form is your consent to having your child's picture posted on the website if he/she happens to be in one of the pictures.

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Home Phone _____
Address _____ Zip Code _____ Cell Phone _____
Where Employed _____ Business Phone _____
Mother/Guardian's Name _____ Home Phone _____
Address _____ Zip Code _____ Cell Phone _____
Where Employed _____ Business Phone _____
E-mail Address _____

Needed for league communication

Emergency Contact Name _____ Home Phone _____
(other than parents)
Relation to Player _____
Address _____ Zip Code _____ Cell Phone _____

PLAYER'S MEDICAL INFORMATION

Medical Conditions

Medications

Known allergies

I (we) agree that we and the registrant will abide by the rules of United States Youth Soccer Association, its affiliated organizations and sponsors, recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the Registrant for its soccer programs and activities (the Program), we hereby release, discharge and/or otherwise indemnify the USYSA, 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 we hereby authorize.

I, (we) further, jointly and severally, as parents and legal guardians of the minor child, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated coaches of the Team from any and all liability, claims or demands arising from the Registrant participating in the soccer Programs with the Team specifically to include any and all claims for personal injuries sustained while present or participating in said soccer Program or traveling to or from events in said soccer Program or while on trips sponsored by or in conjunction with said soccer Program.

In addition, I, (we) do hereby authorize _____ or _____ or any one of the designated adults of the Teams, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the Registrant under the general or special supervision and on the advise of any physician or surgeon duly licensed to practice and do consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care, to be rendered to the Registrant by any dentist duly licensed to practice.

I, (we) _____ being the parents/legal guardians of a minor child wishing _____
Parent/legal guardian full name *Child's full name*

to participate in the North Carolina Youth Soccer Association program have read and fully understand and agree to this WAIVER OF LIABILITY.

(Initial box)

Insurance Information:

Name of Insurance Company: _____ Parent/Legal Guardian _____

ID Number: _____ Confirmation Number: _____

Notary Stamp Here

County of _____, State of _____
SUBSCRIBED AND SWORN TO (or affirmed) BEFORE ME ON THIS
THE _____ DAY OF _____, 20 _____

Notary Public

Notary Stamp Here My Commission Expires _____