

United States Youth Soccer Association, Inc.

A Division of United States Soccer Federation
Affiliated with the Federation Internationale de Football Association



Authority to Treat and Waiver

****COACH: THIS COPY MUST COME WITH YOU TO THE FIELD! ****

Player's Full Name _____ Telephone (____) _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Height _____ Weight _____

The above soccer player has been granted permission to attend and participate in and with teams, leagues, tournaments, camps and other soccer activities sponsored by the United States Youth Soccer Association.

In exchange for the privilege of the player participating in these activities, I waive any legal claim against those associated with these soccer activities in the event the player is injured while participating in these soccer activities, and travel to and from the same.

I hereby give my consent, in case of injury, to have an athletic trainer, medical doctor, nurse, hospital or clinic to provide the player with medical assistance and/or treatment, and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Signature of Parent / Guardian

Signature of Parent / Guardian

Father: Home Phone _____ Business Phone _____

Mother: Home Phone _____ Business Phone _____

In an Emergency when parents cannot be reached, please contact:

Name _____

Relationship _____ Phone (____) _____

ALLERGIES _____

MEDICAL PROBLEMS _____

FAMILY PHYSICIAN _____

INSURANCE CARRIER _____

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public