

NCYSA Medical Consent / Waiver of Liability and Release

Southeastern Stokes Youth Soccer Association

Fall 20__ - Spring 20__



SSYSA

PO Box 1185
Walnut Cove, NC 27052

www.SSYSA.com

Original (Association)

Copy (Team)

NCYSA Policy # _____

Excess policy to any valid and collectible insurance. If there is no primary insurance on insurance on a player, this policy is primary after the deductible.

SSYSA USE ONLY

Player First Name _____ M Initial _____ Last Name _____ Nickname or Name Child Goes By _____
(AS APPEARS ON BIRTH CERTIFICATE)

_____ Gender [] Male [] Female Jersey # _____
(Challenge Players ONLY)
Birthdate (dd/mm/yyyy) _____

Street Address of Player _____ City _____ State _____ Zip _____

Mother/Legal Guardian Full Name _____ Home Phone _____ Cell Phone _____ Yes No

Father/Legal Guardian Full Name _____ Home Phone _____ Cell Phone _____ Yes No

Mom
Text ?

Dad
Text?

Additional Person to Contact in an Emergency _____ Emergency Contact Relationship _____ Emergency Contact Address _____ Emergency Contact Phone _____

Date of Last Tetanus Shot _____ Medications now being taken _____

Player is Allergic to these Medications and Substances _____

List any Unusual Health Information _____ Parent Email For Soccer Information _____

I (we), the undersigned, residing in the county of _____, state of _____, the parents/legal guardian of the above Registrant, a minor, who resides with us, do hereby declare our intent to allow that child to practice, train, play and participate in all soccer-related activities with the above mentioned soccer team affiliated with the North Carolina Youth Soccer Association and the United States Youth Soccer Association.

I (we) agree that we and the Registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS and NCYSA accepting the Registrant for their soccer programs and activities (the " Programs"), we hereby jointly and severally release, discharge and/or otherwise indemnify the USYS, NCYSA, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by 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 Registrant, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated coaches of the above Team from any and all liability, claims or demands arising from the Registrant participating in the Programs with the above Team specifically to include any and all claims for personal injuries sustained while present or participating in the Programs or traveling to or from events in the Programs or while on trips sponsored by or in conjunction with the Programs.

In addition, I (we) do hereby authorize any one of the designated adults of the Team, 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 procedure, treatment, and/or hospital care, to be rendered to the Registrant under the general or special supervision of and/or on the advise of any physician, surgeon or dentist duly licensed to practice.

The undersigned have read and fully understand and agree to the foregoing.

Insurance Information:
Name of Insurance Company: _____

ID Number: _____

Confirmation Number: _____

**Parent/Legal Guardian Signature

**No Electronic Signature Permitted

Date