SOUTHEAST SOCCER CLUB
EMERGENCY INFORMATION AND CONSENT FORM (MYSA-03)
2009 - 2010 SEASON

(Print all entries except Signatures)

REGISTRANT'S NAME

Last Name **First Name** **M I**

PARENT/GUARDIAN AGREEMENT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA and the MYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and MYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA and MYSA, 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 I hereby authorize.

Parent/Legal Guardian: _____

_____ Date: _____

Signature of Parent/Legal Guardian

EMERGENCY INFORMATION

Who should be notified?	Address	Telephone
Alternate who can be notified?	Address	Telephone
Physician/HMO/Clinic Name	Address	Telephone
Dentist Name	Address	Telephone
Medical Insurer	Medical Policy Number/ID	
Dental Insurer	Dental Policy Number/ID	

List above any medical problems, limitation, or prohibitions the player may have.

CONSENT FOR MEDIAL TREATMENT

As the parent or legal guardian of a participant in the USYSA-MYSA Programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or a Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Date: _____ _____

Signature of Parent or Legal Guardian

Notes: 1) Adults, and high school graduate players over age 18 who are not claimed as dependents by their parents, may sign this form for themselves.
2) As a portion of the seasonal MYSA Individual Registration form, the PARENT/GUARDIAN AGREEMENT must be signed before a player participates in any Program event or activity. The form is to be retained by the Team during the season.
3) If the player wears eyeglasses during play, lenses and frames of a type acceptable to the referee must be provided at the player's responsibility.
4) If the CONSENT FOR MEDICAL TREATMENT part of this form is not signed by a parent or legal guardian, one of them must accompany that player to and from, and remain in proximity to them, during Program events and activities.