North Carolina Youth Soccer Association
Medical Consent / Waiver of Liability and Release

(to be given to local Association)

20_____ - 20_____

NCYSA

PO Box 29308
Greensboro, NC 27429
336.856.7529

NCYSA Policy #_____

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

Player First Name M Initial Last Name (AS APPEARS ON BIRTH CERTIFICATE) | Full Association Name (no acronym) | Jersey #

☐ Academy ☐ Challenge ☐ HS Challenge ☐ Classic ☐ Recreation ☐ Male ☐ Female

Birth Date | Level | Gender

Address of Player | City | State | Zip

Parent/Legal Guardian Full Name | Home Phone | Work Phone | Cell Phone

Additional Person to Contact in an Emergency | Address | Home Phone | Cell Phone

Date of Last Tetanus Shot | Medications now being taken

Player is Allergic to these Medications and Substances

List any Unusual Health 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

_____
Date

*****An electronic signature will NOT be accepted

Original (Team) Copy (Association)

Updated April 25, 2011