

IMPORTANT MEDICAL & LIABILITY RELEASE- MUST BE SIGNED

I, as the parent or legal guardian of the below-named player, or as a player age 18 or older, agree that I and the player will abide by the rules and regulations of U.S. Youth Soccer, the California Youth Soccer Association, Inc. and their affiliated organizations (the "CYSA Parties"). I, for myself and for the player, and our respective heirs, executors, administrators, successors, and representatives, do hereby release and agree to hold harmless and to indemnify the CYSA Parties and each of them, the owners and operators of facilities used for programs of the CYSA Parties, and their respective directors, officers, employees, volunteers, agents, sponsors, and representatives from and against any and all claims, liabilities, suits, damages, causes of action, and demands of any kind, including attorney's fees, costs, and expenses, arising out of or related in any way to player's participation in any of the programs of the CYSA Parties, including transportation to or from any program event, which transportation is hereby authorized.

I hereby consent to emergency medical or surgical care provided to the below-named player by any licensed health care professional, including doctors of medicine and dentistry.

Player Name (Print): _____
Applicable Medical Conditions: _____
Physician & Phone: _____
Emergency Contact & Phone: _____
Guardian/18 Year Old Player (Print): _____
Signature: _____ Date: _____

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★★★ **PLACE STICKER ON THE BACK OF MEMBER PASS - ALIGN THIS EDGE TO THE RIGHT EDGE OF THE PASS - FOLD TOP OF STICKER OVER LEFT EDGE** ★★★

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