FORT WORTH YOUTH SOCCER
P.O. Box 122294 • Fort Worth, TX 76121 • 817-244-0020 • 817-244-0726 (FAX)
FWYSoccer@aol.com • www.fwyouthsoccer.org

EACH COACH SHOULD RETAIN THIS FORM.

Release and Consent for Medical Treatment of a Minor (signature required)

I, the parent/guardian of the registrant, a minor, agree that the registrant and I 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 accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYS, 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. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I have received all registration information and understand all registration policies.

Print Player's Name	Parent's Signature (with emergency number)