2008-2009 RED RIVER SOCCER CLUB
CONSENT/WAIVER

Player Name _____
Last First MI

Date of Birth _____ Phone # _____

Parent's Name(s) _____

Insurance Company Name _____

Policy # _____

Alternate Emergency Contact _____

Phone # _____

PHYSICAL CONDITION	(Circle correct information)
Diabetes?	Yes / No
Epilepsy?	Yes / No
Asthma?	Yes / No
Contact Lenses?	Yes / No
Allergy to insects?	Yes / No
Allergy to medications?	Yes / No

If so, what? _____

Other Info _____

Consent for Medical Treatment and Liability Waiver

As a parent or legal guardian of said individual, I hereby give my 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, and well-being of my dependent.

_____
Parent Signature

Dated this _____ day of _____, 200_

I, the parent/guardian of said individual, agree that I and the registrant will abide by the rules of the USYSA, its affiliates and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA or US Club Soccer accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA or US Club Soccer, its associated personnel, including the owner of the fields and facilities utilized for the Programs, against any claims 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 Signature

Dated this _____ day of _____, 200_