

Baldwinsville Youth Soccer Medical Release Form

Player's Name: _____

Date: _____

I, the parent/guardian of the above registrant, agree that the registrant and I will abide by the rules of BYSA, Inc., its affiliated organization and sponsors. Recognizing the possibility of personal physical injury, inherent in youth sports, and associated with soccer, and in consideration for BYSA, Inc. accepting the above registrant for its soccer program and activities, I hereby release, discharge, and/or otherwise indemnifies BYSA Inc., its affiliated organizations and sponsors, their officers, employees, volunteers, and associated personnel, including the owners of fields and facilities used by BYSA, Inc. against claim by or on behalf of the registrant as a result of the registrant's participation in BYSA, Inc. programs and/or activities, and/or transportation to and from same which transportation I hereby authorize. I hereby give consent for emergency treatment or medical care as prescribed by a licensed Doctor of Medicine or Doctor of Dentistry, whenever and under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Parent/Guardian Name: _____
(please print)

Signature: _____

Emergency Contact Name: _____

Phone #: _____

Player's Name: _____

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