



# PLYMOUTH SOCCER ASSOCIATION



## Emergency Information and Consent Form

Name of Registrant \_\_\_\_\_  
First Initial Last

Club \_\_\_\_\_ Team Name \_\_\_\_\_

### Parent/Guardian Agreement

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of USYSA, MYSA and PSA, their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for USYSA, MYSA and PSA accepting the registrant for their soccer programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify USYSA, MYSA and PSA, their 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.

Parent/Legal Guardian (Please Print) \_\_\_\_\_

Date \_\_\_\_\_ Signature X \_\_\_\_\_

### Emergency Information

Who should be notified? \_\_\_\_\_ Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Alternate who can be notified? \_\_\_\_\_ Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Physician/HMO/Clinic Name \_\_\_\_\_ Street Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Medical Insurer \_\_\_\_\_ Medical Policy Number \_\_\_\_\_

Dentist Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Dental Insurer \_\_\_\_\_ Dental Policy Number \_\_\_\_\_

\_\_\_\_\_  
List any medical problems, limitations, or prohibitions the player may have

### Consent for Medical Treatment

As the parent or legal guardian of a participant in USYSA/MYSA/PSA programs, 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 or well-being of my dependent.

Date \_\_\_\_\_ Signature X \_\_\_\_\_

#### Notes:

1. Adults and high school graduate players over age 18 who are not claimed as dependents by their parents may sign this form for themselves.
2. This form is to be retained by each team for such use as may be required during the MYSA/PSA season.
3. If a player wears eyeglasses during play, it is the player's responsibility to provide lenses, retainers and/or frames of a type acceptable to the referee.

**Complete and give to coach or team manager at first practice!**