

BRING THIS COPY WITH YOU TO THE FIELD  
AUTHORITY TO TREAT AND WAIVER

Player's full name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

The above soccer player has been granted permission to attend and participate in and with teams, leagues, tournaments, camps and other soccer activities sponsored by the United States Youth Soccer Association.

In exchange for the privilege of the player participating in these activities, I waive any legal claim against those associated with these soccer activities in the event the player is injured while participating in these soccer activities, and travel to and from the same.

I hereby give my consent, in case of injury, to have an athletic trainer, medical doctor, nurse, hospital or clinic provide the player with medical assistance and/or treatment, and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

Father: Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Mother: Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

In an emergency when parents can not be reached, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical problems: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_