



## Medical Consent – Waiver of Liability

Name (Athlete): \_\_\_\_\_ DOB \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

Emergency Contact (Other than Parent/Guardian):

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

We/I, \_\_\_\_\_, of the county of \_\_\_\_\_, state of Kentucky, the parents/legal guardians of \_\_\_\_\_ a minor child (the Athlete) who resides with us, do hereby declare our intent to allow that child to practice, play and participate in all soccer related activities with the McCracken County Youth Soccer Association TOPSoccer Program.

We/I agree that we and the Athlete will abide by the rules of the McCracken County Youth Soccer Association (MCYSA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer programs and activities (The Program), we hereby release, discharge and/or otherwise indemnify the McCracken County Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the Athlete as a result of the Athlete's participation in the Program and/or being transported to or from the same, which transportation is hereby authorized.

We/I further, jointly and severally, as parents and legal guardians of the minor child, release, discharge and agree to hold harmless and indemnify the above named individuals or anyone of the designated coaches of the Team from any liability, claims or demands arising from the participated in said soccer program.

We/I, \_\_\_\_\_, being parent/legal guardian of \_\_\_\_\_, a minor child, wishing to participate in the US Youth Soccer TOPSoccer Program/ McCracken County Youth Soccer Association Program have read and fully understand and agree to this WAIVER OF LIABILITY.

\_\_\_\_\_(Initials).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### BIRTH CERTIFICATE

A photocopy of your child's state issued birth certificate is required at the time of registration for new players who have not registered with McCracken County Youth Soccer in the past two years. Your registration will not be processed without a copy of the birth certificate if it is required. **Hospital, baptismal, and religious certificates will not be accepted.**

Submit or mail this form with the registration

