

Consent for Medical Treatment (Minor)

I, the parent or legal guardian of the registrant, a minor, do hereby give 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.

Waiver

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

Publicity Consent:

I, the parent or legal guardian of the registrant, a minor, hereby give The Cedar Valley Youth Soccer Association, its assigns, contractors, licensees, and legal representatives the irrevocable right to use my minor child's name, picture, voice, and/or likeness in all forms of media and in all manners for advertising, for promotion, or for any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection with my child's participation or attendance in any Cedar Valley Youth Soccer Association activities.

Name of Registrant (please print)

Name of Parent/Legal Guardian (please print)

Signature

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Date