IMPORTANT MEDICAL & LIABILITY RELEASE: MUST BE SIGNED I, as the parent or legal guardian of the below-named player, or as a

fees, costs, and expenses, arising out of or related in any way to player's participation in any of the programs of the CYSA Parties, including damages, causes of action, and demands of any kind, including attorney's and representatives from and against any and all claims, liabilities, suits respective directors, officers, employees, volunteers, agents, sponsors, and operators of facilities used for programs of the CYSA Parties, and their harmless and to indemnify the CYSA Parties and each of them, the owners successors, and representatives, do hereby release and agree to hold and for the player, and our respective heirs, executors, administrators transportation to or from any program event, which transportation is nc. and their affiliated organizations (the "CYSA Parties"). I, for myself regulations of U.S. Youth Soccer, the California Youth Soccer Association player age 18 or older, agree that I and the player will abide by the rules and

doctors of medicine and dentistry below-named player by any licensed health care professional, including Thereby consent to emergency medical or surgical care provided to the

Signature:	Guardian/18 Year Old Player (Print):	Emergency Contact & Phone:	Physician & Phone:	Applicable Medical Conditions:	Player Name (Print):
Date:					

Inc. and their affiliated organizations (the "CYSA Parties"). I, for myself and for the player, and our respective heirs, executors, administrators, successors, and representatives, do hereby release and agree to hold and representatives from and against any and all claims, liabilities, suits respective directors, officers, employees, volunteers, agents, sponsors and operators of facilities used for programs of the CYSA Parties, and their player age 18 or older, agree that I and the player will abide by the rules and IMPORTANT MEDICAL & LIABILITY RELEASE: MUST BE SIGNED I, as the parent or legal guardian of the below-named player, or as a transportation to or from any program event, which transportation is participation in any of the programs of the CYSA Parties, fees, costs, and expenses, arising out of or related in any way to player's damages, causes of action, and demands of any kind, including attorney's harmless and to indemnify the CYSA Parties and each of them, the owners regulations of U.S. Youth Soccer, the California Youth Soccer Association

below-named player by any licensed health care professional, including doctors of medicine and dentistry. I hereby consent to emergency medical or surgical care provided to the

Date:						
Signature: Da	Guardan/18Year Old Player (Print):	Emergency Contact & Phone	Physician & Phone:	Applicable Medical Conditions:	Player Name (Print):	

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I hereby consent to emergency medical or surgical care provided to the

damages, causes of action, and demands of any kind, including attorney's fees, costs, and expenses, arising out of or related in any way to player's participation in any of the programs of the CYSA Parties, including below-named player by any licensed health care professional, including and representatives from and against any and all claims, liabilities, suits, respective directors, officers, employees, volunteers, agents, sponsors and operators of facilities used for programs of the CYSA Parties, and their harmless and to indemnify the CYSA Parties and each of them, the owners successors, and representatives, do hereby release and agree to hold and for the player, and our respective heirs, executors, administrators Inc. and their affiliated organizations (the "CYSA Parties"). I, for myself regulations of U.S. Youth Soccer, the California Youth Soccer Association player age 18 or older, agree that I and the player will abide by the rules and doctors of medicine and dentistry transportation to or from any program event, which transportation is

$\star\star\star$ PLACE STICKER ON THE BACK OF MEMBER PASS - ALIGN THIS EDGE TO THE RIGHT EDGE OF THE PASS - FOLD TOP OF STICKER OVER LEFT EDGE $\;\star\star\star$

Signature:

Date:

Guardian/18 Year Old Player (Print):

Emergency Contact & Phone:

Physician & Phone: Applicable Medical Conditions

doctors of medicine and dentistry.	doctors of medicine and dentistry.		doctors of medicine and dentistry.	doctors of medicine and dentistry.
Player Name (Print):	Player Name (Print):		Player Name (Print):	Player Name (Print):
Applicable Medical Conditions:	Applicable Medical Conditions:		Applicable Medical Conditions.	Applicable Medical Conditions:
Physician & Phone:	Physician & Phone:		Physician & Phone:	Physician & Phone
Emergency Contact & Phone:	Emergency Contact & Phone:		Energency Contact & Phone:	Emergency Contact & Phone:
Guardian/18 Year Old Player (Print):	Guardian/18 Year Old Player (Print):		Guardian/18 Year Old Player (Print):	Guardian/18YearOld Player (Print):
Signature: Date:	Signature:	Date	Signature: Date:	Signature:

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successors, and representatives, do hereby release and agree to hold harmless and to indemnify the CYSA Parties and each of them, the owners and operators of facilities used for programs of the CYSA Parties, and their

respective directors, officers, employees, volunteers, agents, sponsors,

and representatives from and against any and all daims, liabilities, suits

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and for the player, and our respective heirs, executors, administrators, successors, and representatives, do hereby release and agree to hold harmless and to indemnify the CYSA Parties and each of them, the owners I, as the parent or legal guardian of the below-named player, or as a player age 18 or older, agree that I and the player will abide by the rules and fees, costs, and expenses, arising out of or related in any way to player's participation in any of the programs of the CYSA Parties, including transportation to or from any program event, which transportation is regulations of U.S. Youth Soccer, the California Youth Soccer Association, Inc. and their affiliated organizations (the "CYSA Parties"). I, for myself respective directors, officers, employees, volunteers, agents, sponsors, and representatives from and against any and all claims, liabilities, suits, and operators of facilities used for programs of the CYSA Parties, and their damages, causes of action, and demands of any kind, including attorney's hereby authorized.

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