

Please mail or fax this form

MEDICAL / LIABILITY RELEASE FORM

DAVID DOUGLAS SOCCER CLUB

P.O. Box 90100 Portland, OR 97290

503-839-0896

Fax to: 503-907-5035

www.DDSoccer.org

Player

Last Name _____ First Name _____ Middle Initial _____

RELEASE:

I, the parent/guardian of the registrant, a minor, agree that I and the registrant 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 fields 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.

CONSENT FOR MEDICAL TREATMENT (MINOR):

As the parent or legal guardian of the above named player, I 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

X _____ X _____ DATE _____
SIGNATURE OF PARENT/LEGAL GUARDIAN PRINT NAME OF PARENT/LEGAL GUARDIAN

REGISTRAR'S USE ONLY

Birth Certificate _____ Verified _____ Copy _____ Original Form & payment received by _____

Payment: Amount \$ _____ Date _____ Check # _____ Cash \$ _____

Special Notes _____