

Orchard Valley Tryout Waiver Form

Player / Registrant Name: _____

Address: _____

City, State Zip: _____

Phone Number: _____

Birthdate: _____ Gender: _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of USYSA and 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, I hereby release, discharge, and/or indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for/by the program against any claim by, or on behalf of the registrant as a result of the registrant's participation in the program or being transported to or from the same, which transport I hereby authorize.

Parent/Guardian Name (please print): _____

Signature: _____

Date: _____

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, Doctor of Dentistry or Emergency Medical Technician. This care may be given under whatever conditions are necessary for the life, limb or wellbeing of my dependant.

Signature of Parent/Guardian: _____

Phone Number: _____ Cell _____

Address: _____

City, State Zip: _____