

BIG SPRING YOUTH SOCCER ASSOCIATION
Release Statement and Medical Authorization Form



PLAYERS NAME: _____

PLAYERS TEAM AFFILIATION: _____

I, A PARENT OR GUARDIAN OF THE ABOVE NAMED PLAYER, A MINOR, AGREE THAT THE PLAYER AND I WILL ABIDE BY THE RULES OF THE EPYSA, BSYSYSA AND ANY OF THEIR AFFILIATED ORGANIZATIONS AND/OR SPONSORS. RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SOCCER AND IN CONSIDERATION FOR THE EPYSA/BSYSYSA ACTIVITIES, (THE PROGRAMS), I HEARBY RELEASE, THEIR EMPLOYEES, VOLUNTEERS INDEMNIFY THE EPYSA/BSYSYSA, THEIR AFFILIATED ORGANIZATIONS AND SPONSORS, THEIR EMPLOYEES, VOLUNTEERS AND ASSOCIATED PERSONNEL INCLUDING THE OWNERS OF THE FIELDS AND FACILITIES UTILIZED FOR THE PROGRAMS, AND/OR BEING TRANSPORTED TO THE GAME, WHICH TRANSPORTATION HEREBY AUTHORIZE. ADDITIONALLY, I GIVE PERMISSION FOR AND HEREBY AUTHORIZE ALL MEDICAL ATTENTION NEEDED BY THE PLAYER IN THE EVENT OF AN ACCIDENT, INJURY, SICKNESS, ETC. WHILE PARTICIPATING IN THE PROGRAM AND THAT THE SAME BE GIVEN UNDER THE DIRECTION OF THE PLAYER'S COACH UNTIL SUCH TIME AS I MAY BE CONTACTED. I ALSO HEREBY ASSUME THE RESPONISBILTY OF PAYING FOR SUCH TREATMENT.

PARENT OR GUARDIAN SIGNATURE

DATE

PHONE

IN CASE OF EMERGENCY, IF THE PARENT/GUARDIAN IS NOT AVAILABLE,
CONTACT:

NAME

PHONE

ANY MEDICAL CONDITIONS: _____
