



WISCONSIN YOUTH SOCCER ASSOCIATION

Universal Permission & Medical Treatment Statement



Last Name _____ First Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone (_____) _____ Sex (M of F) _____ Birthdate _____

Father's Name _____

Occupation _____

Home Telephone (_____) _____ Work Telephone (_____) _____

Mother's Name _____

Occupation _____

Home Telephone (_____) _____ Work Telephone (_____) _____

Team Name _____ Coach's Name _____

Physician's Name _____ Telephone (_____) _____

Allergies or Health Conditions _____

Emergency Contact (if parent/guardian cannot be reached) _____

Telephone (_____) _____ Relationship to child? _____

RELEASE OF LIABILITY

The undersigned parent or legal guardian of _____ the "registrant" recognizes that soccer is a vigorous sport and that the Registrant may suffer temporary or permanent serious physical injury including, but not limited to sprains, fractures, brain or spinal damage, paralysis or even death while playing soccer or attending a game, tournament, practice or scrimmage. I further acknowledge and understand that travel to and from games, practices, and tournaments by automobile, or other means of transportation may be necessary and that such travel carries with it inherent risks of injury. With full knowledge of the above referenced risks, and in consideration for the United States Youth Soccer Association ("USYSA") and the Wisconsin Youth Soccer Association ("WYSA") and their member clubs accepting the registrant in their soccer programs, and pursuant to the recreational assumption of the risk statute, sec. 895.525(4), Wis. Stats., the Registrant and I hereby accept and assume full responsibility for any and all harm caused by negligence and release, discharge, and/or otherwise indemnify USYSA and WYSA and their respective clubs, coaches, staff, directors and officers, league and tournament sponsors and their directors and officers and any of their facilities utilized for soccer as to any claims and causes of action by or on behalf of the Registrant and his or her parents or legal guardians except to the extent any such claims and causes of action are fully covered by insurance procured by or on behalf of USYSA and WYSA or their member clubs. This release includes transportation to and from soccer games and tournaments which I hereby authorize.

This release shall remain in effect for the duration of the seasonal year and shall be interpreted under Wisconsin Law.

Consent for Medical Treatment

With full knowledge of the risks of Injury in the game of soccer; I hereby authorize the following persons to administer emergency medical treatment to my child, the Registrant for any injury or other medical emergency while at a practice, game, tournament, scrimmage or while attending or traveling to or from any of those activities. All coaches and managers of my child's team; all officers and officials of the soccer club to which my child's team belongs, all USYSA and WYSA officers, directors, or other League or District officials; and all directors, officers, sponsors, officials or agents of any league or tournament that my child may participate in. This consent also extends the right to those persons listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such emergency medical care as they deem appropriate to preserve the life or well-being of my child. My child and I hereby release, hold harmless and indemnify the above-listed persons for any injury or damage related to administration of emergency medical care as authorized herein.

This release shall remain in effect for the duration of the seasonal year and shall be interpreted under Wisconsin Law.

I have read and fully understand the above statements. I acknowledge that before signing I had an opportunity to contact the WYSA to discuss any questions I had about release and consent.

Signature of Parent or Legal Guardian: _____ **Date:** _____