



Power of Soccer

**PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM /LIABILITY RELEASE FORM**

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EMERGENCY INFORMATION**

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**In an emergency, when parents cannot be reached, please contact:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Player's Physician: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical and/or Hospital Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**PARENT/GUARDIAN CONSENT AND MEDICAL/Liability RELEASE**

In consideration of our player's participation in Butler Fury Youth Soccer training sessions, we hereby release and hold harmless the Butler Fury Youth Soccer and its officers, members, volunteers, officials, workers, vendors' workers who may be associated with this event from any claims for damage or injury which may be suffered or incurred as a result of participation in this event or by their presence at any Butler Fury Youth Soccer site or at any official function.

We hereby grant irrevocable and unrestricted right to use and publish photographs of myself, son/daughter or in which we may be included for editorial trade advertising and for any other purpose and in any manner and medium; and to alter the same without restriction. Furthermore, by signing this form, parents attest to having watched the required video associated with Lindsay's Law, Ohio Senate Bill 252.

Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for participation.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury association with soccer and in consideration for the USYS accepting the registrant for its soccer programs and activities(the Programs),I hereby release, discharge, and/or otherwise indemnify the USYS, its affiliated organizations and facilities used 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.

Name \_\_\_\_\_ Date \_\_\_\_\_