



Mesa Soccer Association



Player Information, Release & Medical Consent Please Print

Boys Under _____

Player Tryout # _____

Girls Under _____

Previous Club _____

Position _____

Player's Name: (Last) _____ (First) _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) ____ - _____ Birthdate ____/____/____

E-Mail: _____ @ _____

Father's Name: _____ Mother's Name: _____

Home Phone: (____) ____ - _____ Home Phone: (____) ____ - _____

Work Phone: (____) ____ - _____ Work Phone: (____) ____ - _____

Cell Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

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

Name: _____ Home Phone: _____ Work/Cell: _____

Allergies and/or Other Medical Conditions: _____

Player's Physician: _____ Phone: _____

CONSENT FOR MEDICAL TREATMENT (MINOR) - As the parent or legal guardian of the above named player, I hereby give my 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 _____
Signature of Parent/Guardian

_____/_____/_____
Date

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of CYSA-South, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the CYSA-South accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify CYSA-South and Mesa Soccer Association, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and 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.

X _____
Signature of Parent/Guardian

_____/_____/_____
Date