



# VALLEY UNITED COMPETITIVE TRYOUTS

Girls Under \_\_\_\_\_

Boys Under \_\_\_\_\_

Previous Club \_\_\_\_\_

**INJURY WAIVER**

I, the undersigned parent or guardian of the player listed below, release the Valley United Soccer Club from responsibility for any injury to my child during player tryouts.

**Please Print**

Player Name: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Contact E-mail Address: \_\_\_\_\_

**Medical Release**

I, the parent /Guardian of the player named herein, acknowledge that participation in the sport of soccer, as in any sport, may result in injury. The undersigned Parent/Guardian therefore releases the California Youth Soccer Association-South, its member leagues, teams, agents, officers, coaches and players from all liability or responsibility for any claim, damage or legal action on behalf of the player or the player's parents, heirs, or personal representatives, arising from any injury the player may sustain while participating in soccer or related activities, including transportation, except to the extent and in the amount covered by the CYSA-South accident reimbursement plan.

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent for Medical Treatment of a Minor**

As the parent/legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_