

Minnesota Youth Soccer Association (Including Corcoran Soccer Association) Emergency Information Consent Form

Name of Registrant (First, Initial, Last): _____

Club: Corcoran Soccer Association

Parent/Guardian Agreement

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Corcoran Soccer, the USYSA, and the MYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Corcoran Soccer, the USYSA, and MYSA accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify Corcoran Soccer, the USYSA, and MYSA, 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.

Parent/Legal Guardian (Please print): _____

Date: _____ Signature x _____

Emergency Information

Who should be notified?	Street Address, City	Home Phone
Alternate who can be notified	Street Address, City	Home Phone
Physician/HMO/Clinic Name	Street Address	Work Phone
Medical	Medical Policy Number	
Dentist Name	Work Phone	
Dental Insurer	Dental Policy Number	
List any medical problems, limitations, or prohibitions the player may have.		

Consent for Medical Treatment

As the parent or legal guardian of a participant in Corcoran Soccer, and USYSA-MYSA programs, 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 life, limb, or well-being of my dependent.

Date: _____ Signature x _____

1. This form, a portion of the MYSA individual registration form, is to be retained by each team for such use as may be required during the MYSA season.
2. If the player wears eyeglasses during play, lenses and frames of a type acceptable to the referee must be provided at the player's responsibility.

Mail consent form to: Corcoran Soccer, c/o Renee LaPlume, 6805 Belle Street, Loretto, MN 55357

Parent volunteers are needed as coaches/ co-coaches, for painting field lines and forming teams. No experience is needed! Please consider volunteering. Visit our website at www.corcoransoccer.org for the adult volunteer form.