

Liability Release and Medical Treatment Consent:

Please PRINT all entries and sign your name below

Child's Name: _____ Age: _____

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I, the undersigned, parent/guardian of the minor(s) listed above, do for ourselves, executors, administrators, heirs, agree to hold harmless and indemnify the Young Tigers Soccer Club, its officers, coaches, referees, and managers for any claims that might be asserted by us or our child as a participant in the game of soccer. I do hereby authorize the officer, leader or coach for the Young Tigers Soccer Club, to transport as required the above minor to and from association sponsored activities including, but not limited to, athletic and social events.

I hereby give my consent for emergency medical care, prescribed by a duly licensed Doctor of Medicine. The care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Date: _____

Emergency Contact, **OTHER THAN** Parent or Guardian:

Name: _____ Phone: _____

Relationship (examples >Aunt, Grandparent, Friend, Other Parent, etc)

Parent/Guardian [**PRINT**]: _____

Relationship: Parent___ Other___: _____

Parent/Guardian Signature: _____