



“Developing Players for Life”

Colorado United Release/Waiver Form

Important: Release/Waiver **Player Name** _____ **DOB** ____ / ____ / ____

I, the parent/ legal guardian of the below-named player, a minor, agree that I and the player will abide by the rules and regulations of the United States Youth Soccer, it’s affiliated organizations, and its sponsors. In consideration of the player’s participation in the soccer programs and activities of the USYS Parties, I, for myself and the player and the respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYS Parties, the owner and operators of the facilities used for the programs, and their respective directors, officers, employees, agents, and representatives from and against all claims, liabilities, damages or cause of action arising out of or in connection with the player’s participation in the programs including, without limitation, player’s transportation to/from any program, which transportation is hereby authorized. I further grant the USYS Parties the right to use the player’s name, picture and/or likeness in printed, broadcast and other material concerning the programs provided such use is related to the player’s status as a participant in the program.

I am aware that Littleton Soccer Club is a non-profit organization. I represent and warrant that my child is physically fit and able to play the sport of soccer as it is generally intended to be played at his or her age level, without any danger to his or her health or safety of other players, coaches, referees, parents, or spectators. I further represent and warrant that my child and my family members will behave at all times in a sportsmanlike manner and will not engage in any conduct or behavior that could adversely affect the health or safety of my child or the health or safety of other players, coaches, referees, parents, and spectators.

Parent/ Guardian Name: (Please Print)

Player Name: (Please Print)

 X _____

 X _____

Parent/ Guardian Signature:

Player Signature:

 X _____ Date: _____

 X _____ Date: _____

Consent for Medical Treatment (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 of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, and well-being of my dependant. Each youth player properly registered with LSC/ CSYSA/ USYS is afforded secondary Medical Insurance while participating in sanctioned LSC/ CSYSA/ USYS program through a USYS group policy, a copy which is available for inspection at the CSYSA office, and which policy has specific conditions, limitations, requirements, and procedures for coverage. Except for the specific coverage by the said policy, you and the registrant are solely responsible for medical insurance and/or the expenses which may arise out of participation in the Program, unless otherwise covered by the said policy.

Parent/ Guardian Signature

Date

 X _____
