



CONSENT FOR EMERGENCY MEDICAL TREATMENT

We, the Parents of _____, give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

Emergency Phone: Parent or Guardian Name _____ Phone _____

Emergency contact other than parent: Name _____ Phone _____

Relationship _____ Does your child have any allergies or require any special Medication?

No Yes Explain _____

Parent/Guardian's Signature

Date

HOLD HARMLESS STATEMENT

WE HEREBY AGREE THAT THE SOCCER ASSOCIATION FOR YOUTH (SAY) ITS MEMBERS, COACHES OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS IN WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF SAY AND WE AGREE TO IDEMNIFY AND TO HOLD HARMLESS SAY, IT'S MEMBERS, COACHES AND OFFICERS OR DESIGNATES OF ANY KIND FROM ANY CLAIM WHATSOEVER.

PARENT OR GUARDIAN SIGNATURE

Date _____

This statement **CANNOT** be altered to include your District, SAYArea, SAY Organization, City, etc. If you need an additional statement that includes any other entity, then simply add another statement beneath this statement on your player registration form, electronic registration form, etc.

Our insurance carrier dictates this.