

USYSA – SCYSA - Carolina FC

Medical Release Form

Function: Training, practices, games, matches, tournaments, and special events

Player's Name: _____ U.S. Citizen Yes _____ No _____

Address: _____ City/State/Zip Code: _____

Birth date: _____ Gender: Boy _____ Girl _____

Parent's Home Phone: _____ Work: _____ Cell: _____

Emergency phone number other than parent/guardian

Name: _____ Phone: _____

Primary medical Insurance: _____ Policy Number: _____

Known allergies or other pertinent medical information: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for USYSA/USSF and its affiliates accepting the registration for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify USYSA/USSF, and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the "Programs", against any claim by or on the behalf of the registrant's participation in the "Programs" and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the "Program".

Therefore, I grant the coach(s) and/or manager permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of Parent/Guardian: _____ Date: _____

Subscribed and sworn to me this _____ Day of _____ 20____

Signature of Notary: _____ State _____

Commission Expires: _____

Media Coverage Parental Permission

I, _____, as _____
(Name) (Father, mother, guardian)
of _____, a minor, grant permission for my child's name
(Player name)

and/or picture to be used in newspaper, magazine, television, radio coverage and stories, or on the CFC web site concerning soccer-related activities of the Carolina Football Club. I understand that my child's name and/or picture will be used when it will add to the public understanding of soccer-related activities. I understand that only the child's name, team, school affiliation and soccer position will be used. There will be no use of addresses, birth dates, social security numbers, or phone numbers on the web site. The CFC web site is used to display the Club newsletter and results of matches as well as updated club information pertaining to all members. I further understand, however, that although CFC will only solicit player participation in publicity that it deems to be positive to the sport, the Club will not have any control over how the media will prepare and deliver its coverage. Finally, I do hereby release Carolina FC and its Board, coaches, and agents from any liability for a claim I might have regarding the use of my child's name and/or picture in any type of news coverage or stories.

Parent or guardian signature _____ Date _____