

**US Youth Soccer/Wyoming Youth Soccer
Limited Membership Agreement and Release of Liability**

This Tournament is sanctioned by Wyoming Youth Soccer



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LARAMIE BLIZZARD

CLUB OR ASSOCIATION

COWBOY TURF WARS 2017

EVENT

December 30, 31, 2016,

January 1, 2017

MEMBERSHIP VALID ONLY FOR
THE ABOVE TIME PERIOD

COMPLETE TEXT BOXES OR PRINT LEGIBLY. ITEMS MARKED WITH * ARE REQUIRED

P
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R

NAME

* LAST

* FIRST

* GENDER

E-Mail

*

* ADDRESS

* CITY

* ST

* ZIP

* CONTACT PHONE

* DATE OF BIRTH

* AGE

P
A
R
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N
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S

Father/Legal Guardian

Cell Phone #

Mother/Legal Guardian

Cell Phone #

List any medical problems/prohibitions player has

Person to notify in emergency

Phone

Doctor to notify in emergency

Phone

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IMPORTANT - PLEASE READ CAREFULLY

I and the player understand this membership registration is valid ONLY for the time period listed above. No rights of membership extend beyond that date.

I, the parent/guardian of the below-named player, a minor, agree that I, and the player, will abide by the rules and regulations of US Youth Soccer (USYS), its affiliated organizations and its sponsors (USYS Parties). In consideration of the player's participation in this Tournament I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYS Parties, the owners and operators of the facilities used for the Tournament and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Tournament.

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 Tournament provided such use is related to the player's status as a participant in the Tournament.

Name

Name

Parent/Guardian (Please Print)

Player (Please Print)

Parent/Guardian Signature

Date

Player Signature

Date

M
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CONSENT FOR MEDICAL TREATMENT FOR A MINOR

As the parent or legal guardian of the above-named player, I hereby give 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 and well-being of my dependent.

Signature of Parent/Guardian

Address

City

ST

Zip

Home Phone

Cell Phone