

BRYAN SOCCER SPRING REGISTRATION

bryan-soccer.com

\$10 Registration Fee

Last Name _____ First Name _____ MI _____

Birth Date _____ Sex _____ Current Age _____

Street Address _____ City _____ Zip _____

Mother's Name _____ Home/Cell Phone _____

Father's Name _____ Home /CellPhone _____

Email address _____

We agree that Bryan Soccer Association, Ohio Youth Soccer Association, North (OYSAN), its members, coaches or officer shall not be liable for any injury or loss which my child or children may sustain while participating in activities of any kind whether sponsored by or under the supervision of OYSAN. We agree to indemnify and to hold harmless OYSAN, its members, coaches, officers or designates of any kind from any claim whatsoever.

Signature of Parent/Guardian _____

EMERGENCY MEDICAL AUTHORIZATION

Participants Name _____

Address _____

Telephone _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while participating in activities under the authority of the Bryan Soccer Association, while the parents or guardians can not be reached.

PART I OR PART II MUST BE COMPLETED

Part I – To Grant Authority

In the event reasonable attempts to contact me at _____ (Mother's Phone) or _____ (Father's Phone), have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist, or in the event that the designated preferred practitioner is not available, by any other licensed physician or dentist; and 2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible. This authorization does NOT cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medication being taken, and any physical impairments of which a physician should be alerted to are: _____

Date _____

Signature of Parent/Guardian _____

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

Part II – Refusal to Consent

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the Bryan Soccer Association to take NO Action or to: _____

Date _____

Signature of Parent/Guardian _____

I WOULD BE WILLING TO COACH/CO-COACH A TEAM. _____