

Medical Consent Form
Lexington United Soccer Club (LUSC)
P.O. Box 613
Lexington, MA 02420-0006

Player's Name _____ Home Phone _____
Email (parent / guardian) _____ (print clearly please) Male Female
Street Address _____ City _____ ZIP _____
Date of Birth ____ / ____ / ____ Grade (in Fall '06) _____ School (in Fall '06) _____

BOTH CONSENT SECTIONS MUST BE COMPLETED AND SIGNED

Player's name _____

Parental / Guardian Consent

I, parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and /or otherwise indemnify the USYSA, its affiliated organizations and sponsors, Lexington United Soccer Club, their directors, volunteers and employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian Printed Name _____

Signature _____ **Date** _____

Consent for Medical Treatment (Minor)

As parent or legal guardian for the registering player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. Care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Signature _____ **Phone (H)** _____ **(W)** _____

Address _____ **City** _____

ZIP _____

Pertinent Medical Information: _____

Thank you,

Lexington United Soccer Club