



Girls Born _____ (year)

Boys Born _____ (year)

INJURY WAIVER for TRYOUTS 2019

I, the undersigned parent or guardian, releases the La Jolla Youth Soccer League from responsibility for any injury to my child during the player tryouts.

PLEASE PRINT

Player Name: _____
Last First

Birth Date: ____ / ____ / ____

Parent E-mail: _____

Address: _____
Street Zip Code

Primary Contact: _____ cell #: _____

_____ cell #: _____

NEW PLAYERS ONLY:

Previous Club/Team: _____

Favorite Position(s): _____

How did you hear about our tryouts? _____

Medical Release

I, the Parent/Guardian of the player named herein, acknowledge participation in the sport of soccer, as in many sports, may result in injury. The undersigned parent/guardian therefore releases the California Youth Soccer Association – South, its member leagues, teams, agents, officers, coaches and players from all liability or responsibility for any claim, damage or legal action on behalf of the player or the player’s parents, heirs, or personal representatives, arising from any injury the player may sustain while participating in soccer or related activities, including transportation, except to the extent and in the amount covered by the CYSA-South accident reimbursement plan.

Consent for Medical Treatment (Minor)

I hereby give my 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 the life, limb, or well being of my dependent.

Parent/Legal Guardian Name (Please Print): _____

Signature Parent/Legal Guardian: _____

Date: _____