

# **RC RAGE SOCCER ASSOCIATION**

6587 ASPEN CIRCLE, RED CREEK, NEW YORK 13143

315-754-6334

[www.rcrage.org](http://www.rcrage.org)

## **SOCCER 2009 - 2010**

I, the parent/guardian of the registrant, a minor, agree that I and the registrant 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, their 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

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **CONSENT FOR MEDICAL TREATMENT (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 the life, limb or well being of my dependent.

Players Name \_\_\_\_\_ DOB: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

List any medical problem or prohibition player has \_\_\_\_\_

Person to notify in emergency \_\_\_\_\_

Telephone \_\_\_\_\_

Doctor to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_

ROBERT REESE, PRESIDENT : WILLIAM STEVENSON, VICE-PRESIDENT  
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RICKI MULLEN, CORINNE VITALE AND TOM PHILLIPS, DELEGATES AT LARGE