



Olympic Development Training Authorization Medical Release Form

I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry for:

_____ (Please print player's First and Last Name)

as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent. I also hereby release the California Youth Soccer Association, Inc. and affiliated organizations and personnel, owners of fields and facilities used by the Olympic Development Program against any claim by or on behalf of registrant as a result of the registrant's participation in the Program, and/or being transported to and from, which transportation I hereby authorize.

Please print name of **Parent** or Legal Guardian

X _____
Signature of **Parent** or Legal Guardian

Parent Email address (please print clearly)

Emergency Phone (Cell) Number

Date

Please print the **Player's** name

M F
Gender

Players **date of birth**

Player Email address (please print clearly)

Please print the **Player's** Address, City, State and Zip Code

Day Time Phone Number

Evening Phone Number

other contact number