



## CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of: \_\_\_\_\_, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care can be given under whatever conditions are necessary to preserve the life, limb or well being of my dependant.

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**IMPORTANT:** I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of CSSA-South, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the CSSA-South accepting the registrant for its soccer programs and activities ("The Program"), including playing, officiating and participating in training clinics and activities, I hereby release, discharge and/or otherwise indemnify the CSSA-South, 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 here by authorize.

Name:(please print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_