



## AYSO REGION 17– Extra Tryout Release Form

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

Parent(s)/Guardian(s) Name's \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

AYSO Region 17. Recognizing the possibility of physical injury associated with soccer. I hereby release, discharge and/or otherwise indemnify AYSO Region 17, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for tryouts, against any claim by or on behalf of the player as a result of the player's participation in the tryouts and/or being transported to or from same, which transportation I hereby authorize.

Name of Parent/Legal Guardian (please print): \_\_\_\_\_

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

Consent for Medical Treatment (Minor) As the parent/legal guardian of the above-mentioned 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 life, limb or well-being on my dependent.

Name of Parent/Legal Guardian (please print): \_\_\_\_\_

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