# MEDICAL RELEASE & CONSENT

## FCYSL “Night of Soccer” 2019

### March 23, 2019

**Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age/Gender (U-5B, U-6G, U-7B, U15G…)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Normal FCYSL Club/Team:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I understand that this is a fun night of soccer that is player centric. I certify that I understand and will abide by the following rules and failure to do so may result in removal from facilities:

* There will be no coaching, instruction or negative comments allowed from parents or fans
* Parents or fans who violate the above policy may be asked to leave the area surrounding the field
* There will be no violent or reckless play allowed, such play may result in ejection of player from remainder of event
* There will be no unsportsmanlike conduct allowed, such conduct may result in ejection of player or spectator from remainder of event
* There will be no disrespectful or negative behavior (by player or spectator) allowed towards event staff (including registrars, monitors, directors and any other volunteers), such behavior may result in ejection of player or spectator from remainder of event
* There will be a monitor at each field to make sure that any disputes are settled, that parents do not coach, instruct or make negative comments, and to monitor the safety of players
* Any decisions that are made by the assigned monitor are final
* Players (U-10 and older) will keep track and report the score of the games they play to the monitor on the designated score cards
* Games will last 10 minutes with a 5 minute period between to rest/rehydrate and report to the field for the next game.

This event is a FCYSL practice event and I agree to allow my child to participate. Recognizing the possibility of physical injury associated with soccer, and in consideration for the USSF / US Youth Soccer and its affiliates accepting the registrant for its soccer programs and activities (the “programs”), I hereby release, discharge, and/or otherwise indemnify the USSF / US Youth Soccer, its affiliates 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.

I hereby give consent to have an athletic trainer, emergency medical technician and/or doctor of medicine or dentistry provide my son/daughter with medical assistance, treatment and/or transport and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Signed by Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by Player (U-10 and older only):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_