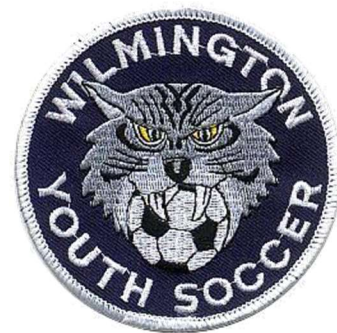


Wilmington Youth Soccer Association

9th Annual 3v3 Tournament Sunday September 18, 2022



PLAYER NAME

3v3 TEAM NAME

Soccer Organization Name
EX - (Wilmington Youth Soccer)

DIVISION – Grade & Gender

I, the parent or guardian of the registrant, a minor, agrees that the registrant and I will abide by the rules of the United States Youth Soccer Association (USYSA), the Wilmington Youth Soccer Association, Inc. (WYSA), and their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer, and in consideration for the USYSA and WYSA accepting the registrant for their soccer programs and activities (the Programs), I hereby release, discharge, and/or otherwise indemnify the USYSA, the WYSA, their affiliated organizations and sponsors, and their employees and associated personnel, including owners of the 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 site, which transportation I hereby authorize.

Additionally, as the parent or guardian of the above named registrant, I hereby give my consent for emergency medical care prescribed by a fully 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 of my dependent.

I also understand that WYSA may post a picture of my child (photo only) on its website, Facebook or Twitter and that WYSA may share member names and addresses with other soccer related or educational organizations.

PARENT SIGNATURE

DATE

CELL PHONE

EMAIL