



MURRIETA SOCCER ACADEMY  
TRYOUT / OPEN TRAINING

Authorization & Consent Form

PLAYER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PARENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

LIABILITY WAIVER

I, the parent/guardian of the player named hereon acknowledge that the participation in the sport of soccer, as in any sport may result in injury. The undersigned parent]guardian therefore releases Murrieta Youth Soccer League & Murrieta Surf Soccer Club, it's teams, agents, officers, board members, coaches and players, from all LIABILITY & RESPONSIBILITY for any claim, damage and/or legal action on behalf of the player or the player parents, heirs, guardians, or personal representatives, arising from any injury the player may sustain while participating in soccer or related activities, including transportation, in addition said parent/guardian of player acknowledges that player is trying out for a competitive team and that acceptance of player to a competitive team is at the discretion of the league's coaches and that trying out does not imply that said player will be offered a spot on a team.

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Parent/ Legal Guardian

DATE \_\_\_\_\_

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above named player, I hereby give my 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 the life, limb, or well-being of my dependent listed above.

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Parent/ Legal Guardian

DATE \_\_\_\_\_