



# *Spencer's 6<sup>th</sup> Annual Great Balls of Fire Soccer Tournament*

Presented by  
NW Iowa Youth Soccer Alliance

## **Waiver of Liability**

I, the parent /guardian of the registrant, \_\_\_\_\_ a minor, agree that the registrant and I will abide by the rules of the USYSA/ISYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA/ISYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and or otherwise indemnity the USYSA/ISYSA, 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 the same, which transportation I hereby authorize.

### ***Consent for Medical Treatment***

As the parent or legal guardian of the above named 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 the life, limb or well being of my dependent.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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