

**BREWSTER UNITED SOCCER CLUB  
EAST HUDSON YOUTH SOCCER LEAGUE**

**REGISTRATION AGREEMENT**

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the United States Youth Soccer Association (USYSA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities ("The Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, 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 from the same, which transportation I hereby authorize.

**MEDICAL CONSENT**

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

Player's Name: \_\_\_\_\_

Club Name: Brewster United Soccer Club

Parent/Legal Guardian's Name: \_\_\_\_\_

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

Parent Cell Phone Numbers: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication being taken: \_\_\_\_\_

Doctor to notify in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_