

# Fairfield United Soccer Association (FUSA)

A member of the Connecticut Junior Soccer Association (CJSA)

Player Name: \_\_\_\_\_ Player Date of Birth: \_\_\_\_\_

## Division Information

Boys: \_\_\_\_\_ Girls: \_\_\_\_\_  
(Check one)

Age as of 8/1: \_\_\_\_\_  
(of current tryout year)

Grade entering in Fall: \_\_\_\_\_  
(of current tryout year)

## MEDICAL AUTHORIZATION

I am the parent or legal guardian of \_\_\_\_\_, and do hereby give my permission for the above named child to receive any and all medical treatment, assistance, or care administered by any duly licensed physician or hospital in the event of an accident, injury, or sickness while he or she is at a soccer game, practice, or other event conducted or sponsored by the Fairfield United Soccer Association until such time as I may be contacted. This release is in effect for one year from the date given below. I also hereby assume the responsibility for the payment of any such treatment.

In the event that I cannot be reached, I hereby designate the following person or persons to act on my behalf:

\_\_\_\_\_  
(Emergency Contact 1) (Relationship) Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

\_\_\_\_\_  
(Emergency Contact 2) (Relationship) Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Player's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Other Pertinent Medical Information: \_\_\_\_\_

I further state that I have read the above Medical Authorization and know and understand the content thereof, and freely sign the same on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Parent or Guardian: \_\_\_\_\_

## INJURY RELEASE

I, the undersigned, am the parent or legal guardian of \_\_\_\_\_ and hereby release the Fairfield United Soccer Association and its coaches, officials, officers, and directors from all responsibility for any illness or injury to the above named child resulting from his or her attending, participating in, or using equipment or facilities associated with any Fairfield United Soccer Association soccer games, practices, or other events. This release shall apply to the one-year period beginning on the date given below.

I recognize that soccer is a rigorous sport and that injuries frequently occur and I assume full responsibility for any injuries or illness which may occur and do hereby fully and forever release and discharge the Fairfield United Soccer Association and its coaches, officials, officers, and directors from any and all claims, demands, right of action, or cause of action, present or future, whether such injuries or illness be known, anticipated, or unanticipated, and resulting from or arising out of the above named child attending, participating in, or using equipment or facilities associated with any Fairfield United Soccer Association soccer games, practices, or other events.

I further state that I have carefully read the foregoing Injury Release and know and understand the content thereof, and freely sign the same on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Parent or Guardian: \_\_\_\_\_