

Enter Player's Name as it is on proof of age:

PLAYER'S MEDICAL INFORMATION

Player's Name: _____ Birth Date: _____ Gender: _____ "F" for Female OR "M" for Male
Street Address: _____ City: _____
State: _____ Zip: _____ Email Address: _____

Parent Name: _____ Home Phone: _____ Bus Phone: _____
Email Address: _____ Cell Phone: _____ Receive texts? "Y" for Yes OR "N" for No
Parent Name: _____ Home Phone: _____ Bus Phone: _____
Email Address: _____ Cell Phone: _____ Receive texts? "Y" for Yes OR "N" for No

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ Phone 1: _____ Phone 2: _____
Name: _____ Phone 1: _____ Phone 2: _____

Please list player allergies: _____

Please list other medical conditions: _____

Physician: _____ Phone 1: _____ Phone 2: _____

Medical/Hospital Insurance Company: _____ Phone: _____

Policy Holder Name: _____ Group Number: _____ Policy Number: _____



Club Name: **Minnesota TwinStars Academy** City: **Maple Grove** State: **MN**

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Typing my name in the Signature blank serves as my acceptance of the above statement:

Signature: **X** _____ Date: _____ Relation to player: _____ Father _____ Mother _____ Guardian _____

Form #R002-Y - 5/20



PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Typing my name in the Signature blank serves as my acceptance of the above statement:

X _____
Signature of Parent/Guardian _____ Date _____



Minnesota TwinStars Academy Liability Waiver Form

IMPORTANT

Please Read Before Signing:



This is to certify that I, as a parent/guardian, with the legal responsibility for the above minor participant, do knowingly and fully assume all risks of the minor's injury as a result of minor's participation in the Minnesota TwinStars Academy (TSA), even if arising from the negligence of TSA or its coaches, team managers and other coaches and volunteers, and assume full responsibility for the minor's participation. I understand that the game of soccer includes risks of injury from the physical demands of the game, collisions, fields, goals, balls, and opponents. I release and agree to indemnify and hold harmless TSA and its officers, directors, coaches, managers and all volunteers from any and all liabilities incident to my minor's involvement or participation in the TSA, including all soccer-related activities, practices, games, tournaments, educational programs, clinics, seminars, and travel to and from TSA functions and/or events. I further agree to release and indemnify Prairie Seeds Academy in Brooklyn Park, MN, and all other venues and facilities procured by TSA and its agents from all liability as a result of my minor's participation in TSA and all of the facilities utilized for the TSA programs. For and in consideration of the benefits accruing to me as a result of my child's participation in TSA the adequacy and sufficiency of which considerations is hereby acknowledged, I do hereby waive and release any and all rights and claims for damages which may accrue in my favor against TSA and its respective officers, directors, coaches and volunteers in any manner whatsoever arising out of or in any way connected to TSA and its contracted parties.

Typing my name in the Signature blank serves as my acceptance of the above statement:

Signature: **X** _____ Date: _____