

SOUTHSIDE INDOOR SOCCER LEAGUE

The Sport for All Seasons
gO play iNside!



Southside Indoor Soccer League

VYSA MEDICAL RELEASE FORM / SISL CODE OF CONDUCT FORM

As the parent/legal guardian of _____, born _____

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the US Youth Soccer Association (USYSA), its affiliated organizations and sponsors. I understand it is my responsibility to promote good sportsmanship by setting a positive example for the youth participating in SISL and that failure to do so will result in disciplinary actions. Recognizing the possibility of physical injury associated with indoor soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of gymnasiums and facilities utilized for SISL, against any claim by or on behalf of the registrant as a result of the registrant's participation in SISL and/or being transported to or from the same, with transportation I hereby authorize.

I hereby give my consent and permission for the player named below to be medically and/or surgically treated for injuries and/or illness of any kind or seriousness under the direction of Team Officials until such time as I can be contacted. Further, I give my consent and permission to the physician and/or hospital and/or health care provider selected to provide medical or surgical treatment, including, without limitation, dental care, hospitalization, injection, anesthesia, invasive surgery or any other form or kind of medical or surgical care (emergency or otherwise) for the player.

Known allergies of this player, including any allergies to medicine:

Family Physician: _____ Phone: _____

Name of Parent/Guardian: _____

Address: _____

City/State/Zip Code: _____

Phone: (H) _____ (Cell Phone) _____

Person to notify if parent/guardian is unavailable: _____

Phone: _____

Insurance Carrier: _____ Group Number: _____

I hereby acknowledge that all information provided on this form is complete and accurate to the best of my ability.

EACH ADULT (Parent/Guardian/Coach/Asst Coach/Manager/Volunteer) AND PLAYER MUST SIGN TO SHOW AGREEMENT WITH ALL ABOVE STATEMENTS & THE SISL POLICIES & PROCEDURES MANUAL.

Print Parent /Guardian Name: _____

Signature of Parent/Guardian _____

Print Player Name: _____

Signature of Player: _____