



CALIFORNIA YOUTH SOCCER ASSOCIATION, INC.
UNITED STATES YOUTH SOCCER
 A Division of United States Soccer Federation
REFEREE PROGRAM



REFEREE INFORMATION AND MEDICAL RELEASE FORM

Referee's Name _____ Date of Birth _____ SSN _____
 Address _____ City _____ State _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home (____) _____ Work (____) _____

Mother's Name _____ Home (____) _____ Work (____) _____

In an emergency when parents cannot be reached, please contact:

Name _____ Home (____) _____ Work (____) _____

Name _____ Home (____) _____ Work (____) _____

Allergies _____

Other medical conditions _____

Referee's Physician _____ Home (____) _____ Work (____) _____

Medical and/or Hospital Insurance Co. _____ Phone (____) _____

Policy Holder _____ Policy # _____ Group # _____

PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD & ATTACH TO THIS FORM

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and/or the sudden illness at an event, and in consideration for CYSA or the USSF/USYSA and its affiliates the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify CYSA or the USSF/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.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, emergency personnel, and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

 Signature of Parent/Guardian

 Date

Subscribed and sworn before me this _____ day of _____, 20_____

 Notary Public

My commission expires: _____

**(raised seal or original stamp
 Notary Seal is Mandatory)**

