



East Bay United Soccer Club

Consent for Medical Treatment of Minor and Liability Release

(please print clearly)

Name: _____

Birth Date: _____

Parent or Guardian name: _____

Consent for Medical Treatment of Minor and Liability Release

As the parent or legal guardian of the above-named minor, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. This consent authorizes the coaches, assistant coaches, officers and directors of the Jack London Youth Soccer Sports League and/or East Bay United - Bay Oaks, and/or their designated agents to obtain such medical care. I will be financially responsible for the cost of any such medical care provided to the above-named minor. I also authorize the administration of standard first aid techniques to the above-named minor if such aid be necessary; or appropriate in the judgment of the coaches in charge of the tryouts. I understand that a risk of physical injury is associated with playing soccer. For myself and the above-named minor, I hereby release and discharge Jack London Youth Soccer Sports League, East Bay United - Bay Oaks Soccer Club, California Youth Soccer Association, US Club Soccer, and the agents, directors, administrators and coaches of said organizations from any liability resulting from injury to the above named minor during or associated with East Bay United - Bay Oaks Tryouts.

Signed: _____

Date: _____