

Eastern Pennsylvania Youth Soccer Association Parent Agreement

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. 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 to the coach and club if there are any medical limitations or issues that affect my son/daughter's participation in sports. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations (Eastern Pennsylvania Youth Soccer) 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 soccer.