



Boys	_____	Girls	_____
Age U-	_____		
Log #	_____		

**MYSL FC Murrieta  
Try out / Open Training Authorization & Consent Form**

**PLAYER** \_\_\_\_\_ **DOB** \_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_

**PARENT** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**Contact Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**List prior team/league within the current seasonal year:** \_\_\_\_\_

**LIABILITY WAIVER**

I, the parent/guardian of the player named hereon acknowledges that the participation in the sport of soccer, as in any sport may result in injury. The undersigned parent/guardian therefore releases Murrieta Youth Soccer League and FC Murrieta, it's teams, agents, officers, board members, coaches and players, from all **LIABILITY & RESPONSIBILITY** for any claim, damage and/or legal action on behalf of the player or the player parents, heirs, guardians, or personal representatives, arising from any injury the player may sustain while participating in soccer or related activities, including transportation.

**NAME** \_\_\_\_\_  
Parent/Legal Guardian (Please Print)

**→ SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent listed above.

**NAME** \_\_\_\_\_  
Parent/Legal Guardian (Please Print)

**→ SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_