



PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: Davin Burnell Date of Birth: 02/07/08 Gender: Boys
Address: 4115 Sherwood Cir City: Canton State: MI Zip: 48188

EMERGENCY INFORMATION

Father's Name: Daniel Burnell Home Phone: 517-819-6133 Work Phone: 517-819-6133
Mother's Name: Malaika Burnell Home Phone: 517-819-2987 Work Phone: 517-819-2987

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

Name: Darlinda VanBuren Home Phone: 313-300-1506 Work Phone: 313-300-1506
Name: Jessica VanBuren Home Phone: 248-943-6334 Work Phone: 248-943-6334

Allergies: Hay Fever

Other Medical Conditions: None

Player's Physician: U of M Canton Health Center Home Phone: 734-844-5400 Work Phone: 734-844-5400

Medical and/or Hospital Insurance Company: Blue Cross Phone: 800-482-2210

Policy Holder: Daniel Burnell Policy #: Gmj921426578 Group #:

MSYSA Does NOT require a copy of the health insurance card

PLEASE COPY BOTH SIDES OF YOUR HEALTH INSURANCE CARD AND ATTACH TO THIS FORM

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

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. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations 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 the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from 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, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Signature of Parent/Guardian (handwritten signature and checkmark)

I understand that checking this box constitutes a legal signature

Date: 03/18/23