

PARENI/GUARDIAN CONSENI AND PLAYER MEDICAL RELEASE FORM			
Player's Name: Landon Massey	Date of Birth: 06/07/	16 Gend	er: Boys
Player's Name: Landon Massey	_{City:} Canton	State: MI	Zip: 48187
EMERGENCY INFORMATION			
Father's Name: Justin Massey	Home Phone:	Work Phone:	734-552-6289
Mother's Name: Nicole Massey	Home Phone:	Work Phone:	248-219-6370
In an emergency, when parents cannot	be reached, please contact:		
Name: Tyler Massey	Home Phone:	Work Phone:	734-834-7196
Name: Karla Oshanski	Home Phone:	Work Phone:	313-319-1443
Allergies: None			
Other Medical Conditions: None			
Player's Physician: Just Tosto	Home Phone:	9 Work Phone:	734-398-7899
Medical and/or Hospital Insurance Compa			
Policy Holder: Justin Massey Policy #: Xys922117463 Group #:			
MSYSA Does NOT require a copy of the health insurance card			
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PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

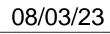
Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the 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



Date