



## PLAYER PERMISSION AND RELEASE FORM

PLEASE PRINT ALL INFORMATION LEGIBLY

Last Name: _____		
First Name: _____	Middle Initial: _____	
Address _____		
City: _____	State: _____	Zip: _____
Phone: (____) _____ - _____	Birth Date: ____/____/____	Male or Female
Born In US? YES - NO If not, where? _____		
Currently on an S.C.S.A. team? YES – NO If so, which? _____		

Father's Name: _____		
Address _____	<u>If different</u>	
City: _____	State: _____	Zip: _____
Mother's Name: _____		
Address _____	<u>If different</u>	
City: _____	State: _____	Zip: _____

<b><u>IMPORTANT</u></b>		
<p>I, the parent/guardian of the above named player, agree that I and the player will abide by the rules and regulations of South Side Soccer, Inc., US Youth, KSYSA, SCSA, all other affiliated organizations and its sponsors ("US Youth Parties), in consideration of the player's participation in the soccer programs and activities of the US Youth Parties (the "Programs"), I, for myself and the players and my respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify South Side Soccer, Inc, the US Youth Parties, the City of Wichita, Sluggers (Cooperstown d.b.a.), all other owners and operators of the facilities used for the Programs and their respective directors, officers, employees, agents, coaches, referees, and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with my participation in the Programs and Practices including without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the US Youth Parties and South Side Soccer, Inc. the right to use the player's name, picture and/or likeness in printed, broadcast and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.</p>		
_____	_____	_____
PARENT NAME (PLEASE PRINT)	SIGNATURE	DATE
_____	_____	_____
PLAYER NAME (PLEASE PRINT)	SIGNATURE	DATE