

The Cleveland Soccer Club (CSC)



Titans United Soccer Association (TUSA)



Summer Soccer Camp 2023



Medical Treatment Authorization & Liability Waiver

I, (print name) _____

Hereby give my consent for (print players name) _____ to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment. I understand treatment for injury will be my sole responsibility for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the Titans United Soccer Assoc. (TUSA) & The Cleveland Soccer Club, (CSC), US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in TUSA & CSC's "Summer Soccer Camp 2023" and/or being transported to or from the same, which transportation I hereby authorize.

TUSA & CSC Liability Waiver:

I, (print name) _____

the parent/legal guardian for the above child, release, discharge and/or otherwise indemnify the organization/league/club for which I am registering the child to play, TUSA & CSC "Summer Soccer Camp 2023", its affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of the registrant as a result of his or her participation.

I accept (signature): _____