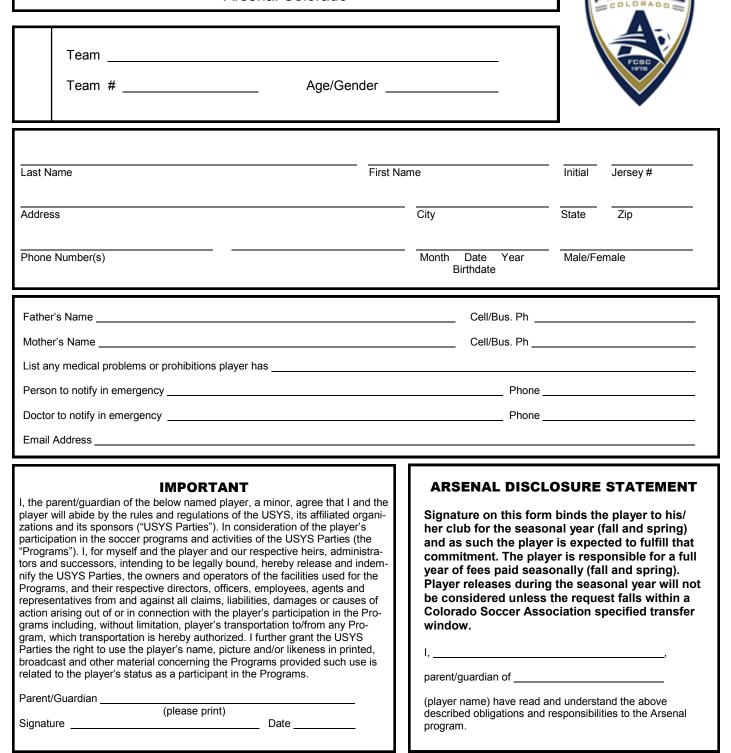
USYSA Membership Form Arsenal Colorado



CONSENT FOR MEDICAL TREATMENT (MINOR)

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

Signature of Parent /Guardian