



Michigan State Youth Soccer Association

OFFICIAL MSYSA FORM



THIS FORM MUST BE PRINTED OR TYPED
MSYSA STATE OFFICE - 9401 GENERAL DRIVE, SUITE 120, PLYMOUTH, MI 48170.

PARENT OR GUARDIAN CONSENT TO TRAVEL

Seasonal Year: _____

Team Official's Name: _____

Team Name: _____

League Name: _____

Age Group: _____

Gender: _____

Player's Name: _____

- My child has permission to travel with you, as chaperon to various tournaments where he/she will participate in, among other things, soccer in various modes of transportation, accommodations, meals, and physical activities in addition to playing soccer.
- I further acknowledge that our child participates in the trip at his/her own risk. Our child is in good health, and we release you, your heirs, executors and assigns of any responsibility that you or they might have regarding the health and physical condition of our child during his/her participation in the trip. On behalf of myself, our child, our heirs, executors and assigns, I further release and forever discharge you, your heirs, executors and assigns, and demands right or cause of action of whatsoever kind of nature, either in law or in equity, arising from or by reason of any bodily and/or personal injury sustained by our child and/or lost or damaged property, or otherwise, directly or indirectly arising from participation by my child on the trip.
- I agree to indemnify you, your heirs, executors and assigns, and any chaperons, their heirs, executors and assigns on account of any claims that might be asserted by myself or by my child. Permission is given to take any action you may deem necessary in the event of injury to or illness of my child and for any emergency anesthesia and/or operation which might become necessary, which action shall include the giving of permission to any doctor to hospitalize, provide proper treatment, and order injections, anesthesia or surgery for my child.

Parent or Legal guardian's Signature

Date