

**Medical Release and Code of Conduct Form  
16th Annual James Island Cup  
November 20-21, 2010**

**Club:** \_\_\_\_\_ **Team:** \_\_\_\_\_ **Age group:** \_\_\_\_\_

**Player name (please print in alphabetical order)**

**Signature of Parent/Guardian**

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Recognizing the possibility of physical injury associated with soccer and in consideration for the JIYSC and its parent organizations, SCYSA, USYSA and USSF, I hereby release, discharge and/or otherwise indemnify the JIYSC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities against any claim by or on behalf of the registrant's participation in the tournament and/or being transported to or from the same, which transportation I hereby authorize. Therefore I grant James Island YSC and/or James Island Physical Therapy permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

I, the parent/legal guardian of the above player, will not address the referee during the game. The only acceptable exception is pointing out emergencies or safety issues. I will not coach from the touch line. I will encourage good sportsmanship by showing positive support for all players, coaches and officials. I will treat other players, coaches, fans and officials with respect. During games I will stay at least three feet from the touchline and completely away from the goal and the player/coach touchline. I will encourage fair play. I will not bring alcohol or illegal substances inside the soccer complex. I will not use profanity around players, fans and officials.