



Player Medical Release Form

Player's Name: _____ Date of Birth: _____ SSN: ____
Address: _____ City: _____ State: _____ Zip: ____

EMERGENCY INFORMATION

Father's Name: _____ Home Phone: _____ Work Phone: ____
Mother's Name: _____ Home Phone: _____ Work Phone: ____

In an emergency, when parents cannot be reached, please contact:

Name: _____ Home Phone: _____ Work Phone: ____
Name: _____ Home Phone: _____ Work Phone: ____

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Home Phone: _____ Work Phone: ____

Medical and/or Hospital Insurance Company: _____ Phone: ____

Policy Holder: _____ Policy #: _____ Group #: ____

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/US Youth Soccer and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/US Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Signature of Parent/Guardian

Date