



## Medical Release Form

PLAYER'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### **EMERGENCY INFORMATION**

FATHER'S NAME \_\_\_\_\_ HM PH (\_\_\_\_) \_\_\_\_\_ CELL PH (\_\_\_\_) \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ HM PH (\_\_\_\_) \_\_\_\_\_ CELL PH (\_\_\_\_) \_\_\_\_\_

### **IN AN EMERGENCY WHEN PARENTS CANNOT BE REACHED, PLEASE CONTACT:**

NAME \_\_\_\_\_ HM PH (\_\_\_\_) \_\_\_\_\_ CELL PH (\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ HM PH (\_\_\_\_) \_\_\_\_\_ CELL PH (\_\_\_\_) \_\_\_\_\_

ALLERGIES \_\_\_\_\_

OTHER MEDICAL CONDITIONS \_\_\_\_\_

PLAYER'S PHYSICIAN \_\_\_\_\_ HM PH (\_\_\_\_) \_\_\_\_\_ WK PH (\_\_\_\_) \_\_\_\_\_

MEDICAL AND/OR HOSPITAL INS. CO. \_\_\_\_\_ PH (\_\_\_\_) \_\_\_\_\_

POLICY HOLDER \_\_\_\_\_ POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

### **PARENTS APPROVAL AND MEDICAL RELEASE**

RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SOCCER AND IN CONSIDERATION FOR THE USSA/USS/ROTTERDAM YOUTH SOCCER CLUB AND ITS AFFILIATES ACCEPTING THE REGISTRANT FOR ITS SOCCER PROGRAMS AND ACTIVITIES, I HEREBY RELEASE, DISCHARGE, AND/OR OTHERWISE INDEMNIFY THE USSF/USSA, IT'S AFFILIATED ORGANIZATIONS AND SPONSORS, THEIR EMPLOYEES AND ASSOCIATED PERSONNEL, INCLUDING THE OWNERS 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 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 SUCH ASSISTANCE AND/OR TREATMENT.

**Parent/Guardian Please Sign Below:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**