



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 _____ 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 USYSA/USS/ROTTERDAM UNITED SOCCER CLUB AND ITS AFFILIATES ACCEPTING THE REGISTRANT FOR ITS SOCCER PROGRAMS AND ACTIVITIES, I HEREBY RELEASE, DISHCHARGE, AND/OR OTHERWISE INDEMNIFY THE USSF/USYSA, 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 MEDICALASSISTANCE 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