

US

Medical Release

Youth Soccer

Player's Name _____ U.S. Citizen Yes _____ No _____

Address _____ City _____

State _____ Zip Code _____ Telephone () _____

Sex Male _____ Female _____

Birth Date _____ Social Security Number _____

Parent's Phone Home () _____ Work () _____

Emergency phone number other than Parent or Guardian

Name _____ Phone () _____

Primary Medical Insurance Company _____

Policy Number _____

Known allergies or other pertinent medical information _____

Recognizing the possibility of physical injury associated with soccer and in consideration for USYS/USSF and its affiliates (_____) accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify USYS/USSF, its 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 the behalf of the registrant's participation the the Program's and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical and is capable of participating in the Programs.

Therefore, I Grant _____ and/or _____ 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 financial responsibility for any medical treatments for my child.

Signature of Parent / Guardian _____ Date _____

Subscribed and sworn to me this _____ Day of _____ 20 _____

Signature _____ My commission expires _____
Notary Public