

THE EASTON REDDING UNITED SOCCER CLUB, LTD.

Player Authorization & Medical Release Form; Season _____

(Fall 20xx/Spring 20xy)

Player's Name _____ Birthdate _____
(last, first) (month, day, year)

Address _____ Sex _____
(number and street) (M or F)

Town _____ Program _____ Division U- _____
(city, state, & zip code) Travel or Premier

Parent/ Guardian Emergency Information

Home Phone _____ E-Mail Address _____

Mother's name _____ Father's name _____

Mother's phone _____ Father's phone _____
(work) (cell) (work) (cell)

Local Emergency Contact & phone number _____
(name) (phone number)

Physician Information _____
(name) (telephone number)

Medical Insurance Company _____
(name) (policy number)

Medical Restrictions (allergies, etc) _____
(if none, please state "NONE")

PARENT AUTHORIZATION, RELEASE AND IMDEMNITY

I/we undersigned parent(s) or guardian(s) of the above-named child approve our child's participation in any and all of the activities of the Easton Redding United Soccer Club, Ltd. (ERUSC) during the upcoming season and thereafter until I/we withdraw approval in writing; and, except if and as noted, represent and warrant that our child has been examined by a physician and has been determined to be physically fit and able to participate. I/we recognize that soccer can result in collisions between participants, falls, and other actions that might injure players and their property. Such injuries could be serious or life threatening. We hereby absolve and release the ERUSC and all persons connected therewith, including referees, players, coaches and other ERUSC personnel, of any responsibility for accident or injury to our child while participating in ERUSC activity, and will indemnify and hold the ERUSC and all such persons harmless against any claim therefor. I/we understand that it is the policy of the ERUSC to request the presence of a child's parent or guardian at all activities within or outside the Towns of Easton and Redding attended by the child, and neither the ERUSC nor any other person connected therewith assumes any responsibility for rendering emergency first aid in the event of any injury to or sickness of a child during the course of any ERUSC activity (nor to have a physician or other medical trained personnel present). However, in the event that I/we happen not be present at a particular event, I/we authorize the ERUSC personnel present to administer any first aid to our child that they believe to be advisable and, if they believe it to be advisable, to have the child transported to a hospital or other healthcare facility to receive medical treatment. As the parent(s) or legal guardian(s) of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine, Doctor of Dentistry, or other medical professional. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

X

(Signature of parent or guardian)

(Date)

**This form is to be kept by the coach in the team medical kit for
Immediate access, should emergency treatment be required.**