



Player Information & Medical Release Form

Player's Name _____ Date of Birth _____ Age Group _____
 Address _____ City _____ State _____ Zip _____
 Email Address: _____

Emergency Information

Parent/Guardian #1 _____ Home Phone _____ Work Phone _____
 Parent/Guardian #2 _____ Home Phone _____ Work Phone _____

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

Name _____ Home Phone _____
 Medical Conditions _____

Medical Insurance _____
 Policy Holder _____
 Group Number _____
 Player's Doctor _____ Phone Number _____

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/USYSA and its affiliates accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the USSF/USYSA, 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 program 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 participation 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