

MEDICAL RELEASE FORM

PLAYER'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

EMERGENCY INFORMATION

MOTHER'S NAME _____ HM PH (____) _____ WK PH (____) _____

FATHER'S NAME _____ HM PH (____) _____ WK PH (____) _____

CELL NUMBERS: (M/F) (____) _____ (M/F) (____) _____

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

NAME _____ HM PH (____) _____ WK PH (____) _____

NAME _____ HM PH (____) _____ WK PH (____) _____

ALLERGIES _____

OTHER MEDICAL CONDITIONS _____

PLAYERS PHYSICIAN _____ HM PH (____) _____ WK PH (____) _____

MEDICAL AND/OR HOSPITAL INS. CO. _____ PH (____) _____

(ATTACH PHOTOCOPY OF INSURANCE/MEDICAL CARD)

POLICY HOLDERS NAME _____ POLICY NUMBER _____

PARENTS APPROVAL AND MEDICAL RELEASE

RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SOCCER AND IN CONSIDERATION FOR THE USSF/USYSA AND IT'S AFFILIATES ACCEPTING THE REGISTRANT FOR ITS SOCCER PROGRAMS AND ACTIVITIES (THE "PROGRAMS"), I HEREBY RELEASE, DISCHARGE, AND/OR OTHERWISE INDEMINIFY 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 MEDICAL ASSISTANCE AND/OR TREATMENT AND AGREE TO BE RESPONSIBLE FINANCIALLY FOR THE REASONABLE COST OF SUCH ASSISTANCE AND/OR TREATMENT.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____