



US YOUTH SOCCER REGION IV OYLMPIC DEVELOPMENT PROGRAM
PLAYER MEDICAL RELEASE FORM

Player's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

EMERGENCY INFORMATION

Mother's Name _____ Hm Ph(____) _____ Wk PH(____) _____

Father's Name _____ Hm Ph(____) _____ Wk PH(____) _____

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

Name _____ Hm Ph(____) _____ Wk PH(____) _____

Name _____ Hm Ph(____) _____ Wk PH(____) _____

Allergies _____

Other Medical Conditions _____

Player's Physician _____ Hm Ph(____) _____ Wk PH(____) _____

Medical and/or Hospital Insurance Co. _____ Phone(____) _____

(Attach Copy of Insurance Card)

Policy Holder's Name _____ Policy Number _____

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/US Youth Soccer and it's affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/US Youth Soccer, it's affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for 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.

PARENT/GUARDIAN NAME: _____
(Please Print)

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____