



2019

US YOUTH SOCCER REGION IV OLYMPIC DEVELOPMENT PROGRAM

PLAYER MEDICAL RELEASE FORM

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

(Full name as it appears on birth document)

Date of Birth \_\_\_\_\_ Gender M F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers ( ) \_\_\_\_\_ Alt. ( ) \_\_\_\_\_

EMERGENCY INFORMATION

Mother's Name \_\_\_\_\_ Hm Ph(\_\_\_\_\_) \_\_\_\_\_ Cell PH(\_\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Hm Ph(\_\_\_\_\_) \_\_\_\_\_ Cell PH(\_\_\_\_\_) \_\_\_\_\_

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

Name \_\_\_\_\_ Hm Ph(\_\_\_\_\_) \_\_\_\_\_ Cell PH(\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Hm Ph(\_\_\_\_\_) \_\_\_\_\_ Cell PH(\_\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Player's Physician \_\_\_\_\_ 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 \_\_\_\_\_