

Medical Release Form

Last Updated: 01/12/2013

Player: _____	Father/Guardian: _____
Address: _____ _____	Work/Cell Phone: _____
Home Phone: _____	Mother/Guardian: _____
Date of Birth: _____	Work/Cell Phone: _____
Gender: _____	
Height: _____	Secondary Contact: _____
Weight: _____	Phone: _____
Doctor: _____	Dentist: _____
Doctor Phone: _____	Dentist Phone: _____
Preferred Hospital: _____	Insurance Carrier: _____
	Policy Number: _____

Asthma: _____	Heart Trouble: _____
Diabetes: _____	Hearing Disability: _____
Convulsions: _____	Wears Contacts: _____
Learning Disability: _____	Wears Braces: _____
Drug Allergies: _____	Medications (Specify): _____
Kidney Disease: _____	Other (Explain Below) _____

Explanations: _____

Consent For Medical Treatment

As the parent or legal guardian of the above-named player, I request that in my absence my child be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and X-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment.

Release of Liability

Recognizing the possibility of injury associated with soccer and in consideration for the USSF/USYSA and its affiliates accepting the above-named player for its soccer program and activities, I hereby release, discharge and/or otherwise indemnify the USSF/USYSA, its affiliated organizations and sponsors, their employees and personnel, including the owners of the fields and facilities utilized for the League/Tournament contents against any claim by or on behalf of the player as a result of the player's participation.

X

Signature of Parent/Guardian

Date