



Player Medical Release Form 2021-2022

Player's Name: _____ Date of Birth: _____

Email: _____

Address: _____

City: _____ State _____ Zip Code _____

EMERGENCY INFORMATION

Father's Name: _____ Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Home Phone: _____ Cell Phone: _____

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

Name: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Home Phone: _____ Cell Phone: _____

Allergies:

Other Medical Conditions: _____

Player's Physician: _____ Office Phone: _____

Medical and/or Hospital Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Group #: _____

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 its 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, 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 Programs and/or being transported to or from the same, which transportation I hereby authorize. For information regarding insurance coverage provided by FYSA, please visit: <https://www.fysa.com/clubs/insurance-coverage/>

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 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