

PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name:	Date of Birth:		Gender:	
Address:	City:	State:	Zip:	
EMERGENCY INFORMATION				
Father's Name:	Home Phone:	Work Phone:		
Mother's Name:	Home Phone:	Work Phone:		
In an emergency, when paren	ts cannot be reached, please conta	ict:		
Name:	Home Phone:	Work Phone:		
Name:	Home Phone:	Work Phone:		
Allergies:				
Other Medical Conditions:				
Player's Physician:	Home Phone:	Work Phone:		
Medical and/or Hospital Insurance Company:		Phone:		
Policy Holder:	Policy #:	Group #:		
PLEASE COPY BOTH SIDI	ES OF YOUR HEALTH INSURANCE C	ARD AND ATTAC	H TO THIS FORM	
PARE	NT/GUARDIAN CONSENT AND MEI	DICAL RELEASE		
Youth Soccer accepting my son, and its members (the "Program hereby release, discharge, and otheir employees, associated per the Programs, against any claim	ijury or illness, and in consideration for daughter as a player in the soccer past, I consent to my son/daughter pastherwise indemnify US Youth Soccer sonnel, and volunteers, including the aby or on behalf of my player son/dand/or being transported to or from the ter to or from the Programs.	rograms and activi rticipating in the P ; its member orgar owner of fields an ughter as a result o	ties of US Youth Soccer rograms. Further, I sizations and sponsors, d facilities utilized for of my son's/daughter's	
physically capable of participati in conjunction with this release addition to what is specified abor Programs. I give my consent to	reived a physical examination by a licing in the sport of soccer. I have provand attached hereto, setting forth an ove, that my child has or that may imhave an athletic trainer and/or licenstance and/or treatment and agree to estance and/or treatment.	rided written notic ly specific issue, co pact my child's par sed medical doctor	e, which is submitted ndition, or ailment, in ticipation in the or dentist provide my	
Signature of Parent/Guardian		 Date		