US Youth Soccer Medical Release Form

Player's Name	Date of Birth	G	ender M F
Address	Town	State	Zip Code
Contact Information			
Father's Name	Home Phone	Work Phone	
Mother's Name			
In an emergency when parents cannot be reached	, please contact:		
Name	Home Phone	Work Phone	,
Medical Information			
Allergies			
Other medical conditions			
Player's Physician	Phone		
Primary Medical Insurance Company			
Policy Holder	Policy #	Group #	
PARENT	'S APPROVAL AND MEDICAL I	RELEASE	
Recognizing the possibility of physical injury asset the registrant for its soccer programs and active ENYYSA & US Youth Soccer, its affiliated of owner of fields and facilities utilized for the Proparticipation in the Programs and/or being transport.	ities (the "Programs"), I hereby rel rganizations and sponsors, their em grams against any claim by or on bel	lease, discharge and/or oth ployees and associated pe half of the registrant as a re	nerwise indemnify the ersonnel, including the esult of the registrant's
My son/daughter has received a physical exami Programs. I hereby give my consent to have an medical assistance and/or treatment and agree to	athletic trainer and/or doctor of med	dicine or dentistry provide	my son/daughter with
Signature of Parent or Guardian	Date	<u> </u>	
Subscribed and sworn to me this	_day of, 20		
SignatureNotary Public	My commission expires:		