MEDICAL RELEASE

Player: _____ Team: _____

Address: _____ Parents: _____

_____ Home Phone: _____

Date of Birth: _____ Cell Phone(s): _____

Emergency Contact: _____ Work Phone(s): _____
(other than parent)

Emergency Phone: _____ Preferred Hospital: _____

Doctor: _____ Dentist: _____

Doctor Phone: _____ Dentist Phone: _____

Insurance Carrier: _____ Policy Number: _____

Allergies: _____

Medications: _____

Check all conditions that apply: Asthma _____ Braces _____ Contacts _____

Other medical conditions/health concerns: _____

_____

CONSENT FOR MEDICAL TREATMENT:

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

RELEASE OF LIABILITY:

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

X_____ _____

Signature of Parent/Guardian ***Date***