



REGION IV OYLMPIC DEVELOPMENT PROGRAM
PLAYER MEDICAL RELEASE FORM

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMERGENCY INFORMATION

Mother's Name \_\_\_\_\_ Hm Ph(\_\_\_\_) \_\_\_\_\_ Wk PH(\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Hm Ph(\_\_\_\_) \_\_\_\_\_ Wk PH(\_\_\_\_) \_\_\_\_\_

IN AN EMERGENCY WHEN PARENTS CANNOT BE REACHED, PLEASE CONTACT:

Name \_\_\_\_\_ Hm Ph(\_\_\_\_) \_\_\_\_\_ Wk PH(\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Hm Ph(\_\_\_\_) \_\_\_\_\_ Wk PH(\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Player's Physician \_\_\_\_\_ Hm Ph(\_\_\_\_) \_\_\_\_\_ Wk PH(\_\_\_\_) \_\_\_\_\_

Medical and/or Hospital Insurance Co. \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

(Attach Copy of Insurance Card)

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/USYSA and it's affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/USYSA, it's affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs and/or being transported to or from the same, which transportation I hereby authorize.

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 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 such assistance and/or treatment.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_ MY COMMISSION EXPIRES \_\_\_\_\_

(Raised Seal or Original Stamp)