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 parents cannot be reached, please contact:

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

(If necessary please use additional sheet and attach to form)

Have you ever been rendered unconscious or suffered a concussion? Yes / No How many times? _____ When? _____

_____

Have you ever suffered a back injury? Yes / No If yes when? _____

_____

Have you ever been diagnosed, by a Doctor, with any serious medical conditions or any condition that may impact your ability to participate in athletic competitions? Yes / No If yes what and when? _____

_____

Allergies: _____

Player's Physician: _____ Home Phone: _____ Work Phone: _____

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

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

PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD & ATTACH TO THIS FORM

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for the US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs, which transportation I authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I have provided written notice, which was submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I 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