MEDICAL RELEASE FORM

Seasonal Year: _____

As the parent/legal guardian of _____, I request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Players Birth _____/_____ /_____ Date of last Tetanus Booster _____/_____/_____

Month Day Year Month Day Year

Known allergies of this player, including any allergies to medicine _____

Any other medical problems which should be noted _____

Family Physician _____ Phone _____

Name of Parent/Guardian _____

Address _____

City/State/Zip _____

Phone (Home) _____ (Work) _____ (FAX) _____

Person responsible for charges (if different from above) _____

Address _____

City/State/Zip _____

Phone (Home) _____ (Work) _____ (FAX) _____

Person to notify if parent/guardian is unavailable _____

Phone (Home) _____ (Work) _____ (FAX) _____

Insurance Carrier _____ Policy Number _____

WAIVER

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs")' I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature of Parent/Guardian _____ Date _____

NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me on the _____ day of _____ , 20_____ .

Notary Public in and for the State of _____

Commission expires _____