



## 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 paren	nts cannot be reached, please conta	ct:		
Name:	Home Phone:	Work Phone:		
Name:	Home Phone:	Work Phone:		
Allergies:				
Other Medical Conditions:				
Player's Physician:	Home Phone:	Work Phone:		
Medical and/or Hospital Insurance Company:		Phone:		
Policy Holder:	Policy #:	Group #:		
PLEASE COPY BOTH SID	ES OF YOUR HEALTH INSURANCE C.	ARD AND ATTAC	H TO THIS FORM	
PARE	NT/GUARDIAN CONSENT AND MED	OICAL RELEASE		
Youth Soccer accepting my son, and its members (the "Program hereby release, discharge, and otheir employees, associated per the Programs, against any claim	njury or illness, and in consideration for daughter as a player in the soccer property. I consent to my son/daughter particle therwise indemnify US Youth Soccer, as sonnel, and volunteers, including the particle to or behalf of my player son/day and/or being transported to or from the heter to or from the Programs.	ograms and activi ticipating in the P its member organ owner of fields an ughter as a result o	ties of US Youth Soccer rograms. Further, I sizations and sponsors, d facilities utilized for of my son's/daughter's	
physically capable of participat in conjunction with this release addition to what is specified ab Programs. I give my consent to	ceived a physical examination by a lice ing in the sport of soccer. I have proven and attached hereto, setting forth any ove, that my child has or that may imphave an athletic trainer and/or licensistance and/or treatment and agree to istance and/or treatment.	ided written notice y specific issue, con nact my child's par sed medical doctor	e, which is submitted ndition, or ailment, in ticipation in the or dentist provide my	
Signature of Parent/Guardian		 Date		