
MEDICAL RELEASE FORM

Authority to Treat and Waiver

PLAYER'S FULL NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE #: _____ D/O/B: ____/____/____

HEIGHT: FT _____ IN _____ WEIGHT: _____

The above named soccer player has been granted permission to attend and participate in and with teams, leagues, tournaments, camps, practices, and other soccer activities sponsored by the United States Youth Soccer Association.

The player has received a physical examination by a physician and is physically fit to participate.

In exchange for the privilege of the player participating in these activities, I waive any legal claim against those associated with these soccer activities in the event that the player is injured while participating in these soccer activities, and travel to and from the same.

I hereby give my consent, in case of injury, to have a coach, assistant coach, manager, athletic trainer, medical doctor, nurse, hospital, or clinic provide the player with medical assistance and or treatment. I agree to be financially responsible for the cost of such assistance or treatment.

Known Medical Problems _____

Physician _____ Telephone# _____

Insurance _____ Policy# _____

In case of emergency, when parents cannot be reached, please contact:

Name _____ Telephone# _____

Print Father/Guardian Name

Print Father/Guardian Name

(Signature)

(Signature)