

ELIZABETHTOWN YOUTH SOCCER MEDICAL RELEASE FORM

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 issue taken from the above-named player.

Date of Players Birth _____

Known allergies of this player, including any medications

Any other medical problems which should be noted _____

Family Physician _____

Phone _____

Name of Parent/Guardian

Phone (Home) _____ (Work) _____

(Cell) _____

Person to notify if parent/guardian is unavailable

Phone (Home) _____ (Work) _____

(Cell) _____

Signature of Parent/Guardian _____

Date _____

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