

UNITED STATES YOUTH SOCCER ASSOCIATION, INC.

A Division of United States Soccer Federation

Southern Lehigh Soccer League

PLAYER INFORMATION AND MEDICAL RELEASE FORM

Boys: _____ Girls: _____ Age Group: U _____

Player's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Email Address _____

EMERGENCY INFORMATION

Father's Name _____ Daytime # (_____) _____ Evening # (_____) _____

Cell # (_____) _____ Email _____

Mother's Name _____ Daytime # (_____) _____ Evening # (_____) _____

Cell # (_____) _____ Email _____

In an emergency when parents cannot be reached, please contact:

Name _____ Daytime # (_____) _____ Evening # (_____) _____

Cell # (_____) _____ Email _____

Name _____ Daytime # (_____) _____ Evening # (_____) _____

Cell # (_____) _____ Email _____

Allergies _____

Other medical conditions _____

Player's Physician _____ Daytime # (_____) _____ Evening # (_____) _____

Medical and/or Hospital Insurance Company _____ Phone (_____) _____

Policy Holder _____ Policy Number _____

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/USYSA and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the; owners of 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.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby 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 such assistance and/or treatment.

Signature of Parent/Guardian Date

Subscribed and sworn to before me this _____ day of _____, 200_____

Notary Public
Notary Public My commission expires _____

(Raised seal or original stamp)