



UNITED STATES YOUTH SOCCER ASSOCIATION, INC.

A Division of United States Soccer Federation

KANSAS STATE YOUTH SOCCER ASSOCIATION

PLAYER MEDICAL RELEASE AND INFORMATION FORM

Player's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home (____) _____ Work (____) _____

Mother's Name _____ Home (____) _____ Work (____) _____

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

Name _____ Home (____) _____ Work (____) _____

Name _____ Home (____) _____ Work (____) _____

Allergies _____

Other Medical Conditions _____

Player's Physician _____ Home (____) _____ Work (____) _____

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 it's affiliates accepting the registrant for it's soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/USYSA, it's 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 _____, _____

Notary Public _____

My commission expires _____