

**MEDICAL RELEASE FORM**  
Authority to Treat and Waiver

PLAYER'S FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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 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 Number: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Print Father/Guardian Name

\_\_\_\_\_  
Print Mother/Guardian Name

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)