

TRAVEL AND MEDICAL RELEASE FORM

Player's Name _____ U.S. Citizen Yes _____ No _____

Player's Date of Birth ____/____/____
Month Day Year

Known Allergies of this player, including any allergies to medications _____

Any other medical problems which should be noted _____

Player's Physician _____ Phone (____) _____

EMERGENCY INFORMATION

Name of Parent/Guardian _____

Address _____ City/State/Zip _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Primary Medical Insurance Company _____

Policy Holder _____ Policy No. _____

Person to notify if Parent/Guardian is unavailable _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Recognizing the possibility of physical injury associated with soccer and in consideration for USYSA/USS and its affiliates accepting the registrant for its soccer programs and activities ("Programs"), I hereby release, discharge, and/or otherwise indemnify USYSA/USS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

As the parent/legal guardian of (Player) _____, I request that in my absence the above-named player be transported to and admitted to any hospital or medical treatment 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, 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 tissue taken from the above-named player. I also assume the financial responsibility for any medical treatment for my child.

Signature (Parent/Legal Guardian) _____ Date _____

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

Notary Public