

MEDICAL RELEASE FORM

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

Address _____

City _____ State _____ Zip _____

Birthday _____ Sex _____ Social Security Number _____

Parents Phone _____ Home _____ Work _____

Emergency Contact Other Than Parents/Guardian (relationship):

Name _____ Relationship _____ Phone _____

Medical Insurance Co. _____

Policy Number(s) _____

Known Allergies or Other Pertinent Medical Information _____

Recognizing the possibility of physical inform associated with soccer and in consideration for USYSA/USSF and its affiliates accepting the registrant for its soccer programs and activities (the Programs and the Scott Christian Invitational Soccer Tournament), I hereby release, discharge and/or otherwise indemnify the USYSA/USSF, and 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 child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant: COACH: _____

ASST. COACH: _____

ASST. COACH: _____

full power and authority for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

In witness whereof, we have set our hands at _____ County, _____ State, this the _____ day of, _____ 2003

Signature of parent(s) or guardian(s).

The foregoing was acknowledged in person before me, a Notary Public this _____ day of _____, 2003

NOTARY PUBLIC, STATE AT LARGE My commission expires: _____