



Player Medical Informational Release and Waiver

Player Name: _____ **Date of Birth:** _____

Parents Names: _____

Address: _____ **City:** _____ **State:** ___ **Zip:** _____

Contact Number 1 (___) _____ **Contact Number 2 (___)** _____

Emergency Contact

Name: _____ ***Contact Number (___)*** _____

Medical Conditions or allergies: _____

Primary Medical Insurance Company : _____

Policy Holder : _____ **Policy Number:** _____

Contact Telephone Number: (___) _____

Parent/Guardian Release

I hereby release, discharge and indemnify USSSA/USSF all owners and operators of facilities used for events, and all directors, officers, employees, agents and representatives from all claims, liabilities, damages or causes of actions arising from any connection with my child's participation in all programs. My child has received a physical examination by a physician and has been passed healthy and capable of participating in all programs. I recognize the possibility of physical injury associated with soccer and I hereby give my consent to medical treatment by an athletic trainer and/or doctor of medicine and/or dentistry.

I have read the above and understand that I/we have given up substantial rights by signing this release at our own freewill.

Parent Signature: _____ **Date:** _____