



# South Carolina Youth Soccer Association



## Medical Release Form

Function: \_\_\_\_\_

Player's Name: \_\_\_\_\_ US. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency phone number other than Parent/Guardian

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Medical Insurance Company:

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

Known allergies or other pertinent medical information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recognizing the possibility of physical injury associated with soccer and in consideration for US Youth Soccer/USSF/SCYSA and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify US Youth Soccer/USSF/SCYSA, 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'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 \_\_\_\_\_ and/or \_\_\_\_\_ permission to act as my surrogate 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.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_