



Medical Consent/Release Form

All players registered with High School Coed Recreational Soccer Club are entitled to secondary insurance policy if they are injured. A form will need to be completed through PYSa along with any other forms they require for the claim.

A copy of this form will need to be given to your coach and carried to each practice and game.

PLAYER INFORMATION

_____	_____	____/____/____	____
First Name	Last Name	Birth Date	M F
_____	_____	_____	_____
Street Address	City	Zip Code	
_____	_____	_____	_____
Telephone Number	Email Address		

Describe any medical problems			
_____	_____	_____	_____
Physician's Name	Telephone	Hospital Preference	
_____	_____	_____	_____
Insurance Company Name	Identification Number		

RELEASE FROM LIABILITY

I, the parents/guardian of the registrant, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer, and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Program"), I hereby release, discharge, and/or otherwise indemnify the USYSA, 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 registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

_____	_____
Name of Parent/Legal Guardian (Please Print)	Telephone
_____	_____
Signature	Date

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor in Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

_____	_____
Name of Parent/Legal Guardian (Please Print)	Telephone
_____	_____
Signature	Date