EVERGREEN YOUTH SOCCER CLUB

MEDICAL RELEASE FORM

CONTACT INFORMATION

Players Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Father's Name: _____ Cell Phone: _____ Home Phone: _____

Mother's Name: _____ Cell Phone: _____ Home Phone: _____

In an emergency when parents cannot be reached, please contact:

Contact Name: _____ Cell Phone: _____ Home Phone: _____

Contact Name: _____ Cell Phone: _____ Home Phone: _____

MEDICAL INFORMATION

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Phone Number(s): _____

Medical and/or Hospital Insurance Company: _____

Policy Holder: _____ Policy Number: _____

Please copy both sides of your medical insurance card and attach to this form

Parent's Approval and Medical Release

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/USYSA/EPYSA and its affiliates accepting the registrant for its soccer program and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/USYSA/EPYSA, Evergreen Youth Soccer Club, 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. I understand that medical insurance is not the responsibility of Evergreen Youth Soccer Club, and that primary insurance coverage is my responsibility.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

_____

Signature of Parent/Guardian Date