



Medical Release Form

US Youth Soccer

20____ - 20____

REQUIRED FOR TEAM REGISTRATION

This release must be signed by player's parent or legal guardian for players to be eligible for league and tournament play. Forms must be **ORIGINAL, SIGNED** and **COMPLETED** (including insurance information) when presented at registration. **NO COPIES!** Keep this form with the team at all times.

MEDICAL RELEASE

I agree to allow my child, _____, to participate in all activities with the _____ soccer team/club while participating in the US Youth Soccer. If for any reason I am not available, I hereby give permission to the coach, manager, or any other representative of the above team to seek, obtain and authorize any and all emergency medical treatment due to accident and/or illness, or any other incident giving rise to the necessity of medical treatment given under the direction of a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my child.

I have read the above Medical Release and recognize that I give up substantial rights by signing and knowingly assume the risk of participation in this tournament.

Player's Signature	Parent/Legal Guardian Signature

State Association:		Age Division:
Team Name:		
Player's Name:		Date of Birth:
Address:		Home Phone:
City:	State:	Zip:
Father:	Work Phone:	Cell Phone:
Mother:	Work Phone:	Cell Phone:
Family Insurance Company:		Policy #:
Group #:		Phone:
Player's Physician:		Phone:

This form is located at: www.usyssouthernregionals.com

This form must be completed for each player and brought to registration by the team representative at your state's assigned time. **All forms MUST be signed.**