

Authorization for Medical Treatment

Player's Name _____ Date of Birth: _____ SSN: _____

Address: _____ City: _____ St: _____ Zip: _____

Emergency Information:

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

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

Father's Cell Phone: _____ Mother's Cell Phone: _____

Medical &/or Hospital Insurance Co: _____ Phone: _____

Policy Holder: _____ Grp # _____ Policy or Insured #: _____

Player's Physician: _____ Phone: _____

ADDRESS: _____ City: _____ St: _____ Zip: _____

Allergies/Medical Conditions: _____

In case I cannot be reached, any of the following is designated to act in my behalf:

1. Coach _____ 2. Assistant Coach _____

3. Team Manager _____ Phone: _____

4. Family Friend _____ Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

5. Relative: _____ relationship: _____ Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

PARENT'S APPROVAL AND MEDICAL AUTHORIZATION

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF and its affiliated organizations accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF, its affiliated organizations, and sponsors, their employees and associated personnel, including the owner 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 participating in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

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 each assistance and/or treatment.

SIGNATURE
(PARENT OR GUARDIAN) _____ DATE: _____

Duly subscribed and sworn to before me, this _____ day of _____, 20 _____

NOTARY (or Attorney) SIGNATURE: _____