



BASC Medical Release Form

Event: _____

Player's Name: _____

Address: _____

City/State/Zip Code: _____

Date of Birth: _____ **Sex:** M or F **Social Security Number:** _____

Parent/Guardian Name: _____

Parent/Guardian's Home Phone: _____ **Mobile Phone:** _____

Person(s) to contact in an emergency other than above: _____

Phone Number(s): _____

Primary Medical Insurance Company: _____

Policy number: _____

Know allergies or other pertinent medical information: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for United States Youth Soccer/United States Soccer and its affiliates accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify USYS/USS, its affiliated organizations and sponsors, their employees and associated personnel, BASC, the City of Broken Arrow, 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 Broken Arrow Soccer Club and/or its representatives/agents 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.

Signed: _____

Date: _____