

Player Medical Releases

Why do I need these?

Each season you will receive a medical release for each player on your team.

Parents need to sign the bottom of their child's medical release!

You will keep the signed releases. If for any reason an injury occurs and the parent is not in attendance to take care of the child, this release will help you contact the appropriate person. Or if you need to accompany the child to a doctor, ambulance or hospital facility, you will have the appropriate paperwork giving consent for medical treatment of the injured player.

Example Release Below:



Broken Arrow Soccer Club
BASC SPRING 2013 RECREATIONAL

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|---------------------------------------|---------------------------------------|---------------|------------------------------------------------------|
| Player Information: | | | |
| Player's Last Name | <u>Wilson</u> | First Name | <u>Example</u> M.I. _____ |
| Street Address | <u>Example Street</u> | City | <u>Broken Arrow</u> State <u>OK</u> Zip <u>74012</u> |
| Phone | <u>(918) 123-4567</u> | Gender | <u>F</u> Birth Date <u>6/28/1999</u> Grade <u>10</u> |
| Email Address | <u>basc@brokenarrowsoccerclub.org</u> | | |
| Parent Contact Information: | | | |
| Mother | <u>Mama Wilson</u> | Home Phone | <u>(918) 123-4567</u> Mobile Phone _____ |
| Father | <u>Papa Wilson</u> | Home Phone | <u>(918) 123-4567</u> Mobile Phone _____ |
| Emergency Contact Information: | | | |
| Name | <u>Mama Wilson</u> | Home Phone | <u>918-123-4567</u> Bus. Phone _____ |
| Name | <u>Papa Wilson</u> | Home Phone | <u>918-123-4567</u> Bus. Phone _____ |
| Allergies | <u>None that we are aware</u> | | |
| Other Medical Conditions | _____ | | |
| Physician | <u>Dr. Campbell</u> | Home Phone | _____ Bus. Phone <u>918-123-5678</u> |
| Medical/Hospital Insurance Company | <u>Example company</u> | Phone | <u>1-800-Insurance</u> |
| Policy Holder's Name | <u>Papa Wilson</u> | Policy Number | <u>Example56789</u> |

I, the parent/guardian of the registrant, a minor, 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 "Programs"), 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 the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

CONSENT FOR MEDICAL TREATMENT (MINOR)

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 of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Print Name Mama Wilson Signature Mama Wilson Date 1/2/13