

Medical Release Form

PLAYER INFORMATION	
Player's Name:	_____ U.S. Citizen (circle one) yes no
Address:	_____
Birthdate:	_____ Sex: _____ Social Sec#: _____

PARENT INFORMATION	
Mothers Name:	_____ Fathers Name: _____
Home Tel#	_____ Home Tel# _____
Work Tel#:	_____ Work Tel#: _____
Cell#:	_____ Cell#: _____
eMail:	_____ eMail: _____

MEDICAL INSURANCE INFORMATION
Primary Insurance Company: _____
Policy Number: _____
Known Allergies: _____

EMERGENCY INFORMATION (OTHER THAN PARENT)
Name: _____
Relationship: _____
Home Tel#: _____
Cell#: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for Amityville Soccer League, USYS/USS and its affiliates accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify Amityville Soccer League, USYS/USS its affiliate 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's participation in the Program's 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 _____ and/or _____ 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.

Signature of Parent / Guardian: _____ Date: _____

Subscribed and sworn to me this _____ Day of _____ 20 _____

Signature _____ My commission expires: _____
Notary Public