



South Carolina Youth Soccer Medical Release Form



Function: _____

Player's Name: _____

Address: _____

City/State/Zip Code: _____

Birthdate: _____ Sex: _____

Home Phone: _____ Alternate Phone: _____

Email: _____ Alternate Email: _____

Parent/Guardian

Cell Phone

Home Phone

Work Phone

Contact Type

Name

Phone

Emergency Contact: _____

Physician: _____

Primary Medical Insurance Company: _____

Primary Number: _____

Known allergies or other pertinent medical information: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for US Youth Soccer/USSF/SC Youth Soccer and its affiliates accepting the registrant for its soccer program and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify US Youth Soccer/USSF/Sc Youth Soccer, 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'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.

Thereby, 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 before me this _____ day of _____, 20 _____

Notary Public _____

My commission expires _____

(Notary Stamp Required)