

**MEDICAL RELEASE**

Player: \_\_\_\_\_

Team: \_\_\_\_\_

Address: \_\_\_\_\_ Parents: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Work Phone(s): \_\_\_\_\_

\_\_\_\_\_ (other than parent)

Emergency Phone: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Doctor: \_\_\_\_\_ Dentist: \_\_\_\_\_

Doctor Phone: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Check all conditions that apply: Asthma \_\_\_\_\_ Braces \_\_\_\_\_ Contacts \_\_\_\_\_

Other medical conditions/health concerns: \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT:**

As the parent or guardian of the above-named player, I request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I authorize all licensed physicians, dentists, and staff to perform any diagnostic, treatment, X-ray, and operative procedures for the above-named player. I have not been given a guarantee as to the results of any examination or treatment.

**RELEASE OF LIABILITY:**

Recognizing the possibility of injury associated with soccer and in consideration for the USSF/USYSA/NYSWYSA/RDYSL and their affiliates accepting the above-named player for its soccer program and activities, I hereby release, discharge, and/or otherwise indemnify the USSF/USYSA/NYSWYSA/RDYSL, their affiliated sponsors and organizations, their employees, personnel, and volunteers, including the owners of the fields and facilities utilized for the League/Tournament contents, against any claim by or on behalf of the above-named player as a result of the player's participation. This includes the Brockport Soccer Club, Brockport Central School District, and the Town of Sweden.

X \_\_\_\_\_  
Signature of Parent/Guardian Date