

Player Medical Informational Release and Waiver

Player Name:	Date of Birth:	
Parents Names:		
Address:	City:	State: Zip:
Contact Number 1 ()	Contact	Number 2 ()
Emergency Contact Name:	Contact	Number ()
Medical Conditions or allergies:		
Primary Medical Insurance Company : _		
Policy Holder:	Policy N	lumber:
Contact Telephone Number:	()	
Parent/Guardian Release I hereby release, discharge and indemnify USSSA/Uevents, and all directors, officers, employees, agents damages or causes of actions arising from any conn My child has received a physical examination by a pof participating in all programs. I recognize the poss I hereby give my consent to medical treatment by an dentistry.	s and representa ection with my physician and ha sibility of physic	tives from all claims, liabilities, child's participation in all programs. as been passed healthy and capable cal injury associated with soccer and
I have read the above and understand that I/we have at our own freewill.	e given up substa	antial rights by signing this release
Parent Signature:	Date:	