Olympic Development Program

Player Information and Medical Release Form

Player's Name _____ Date of Birth _____ Sex _____

Address _____ City _____ State _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone _____ Cell Phone _____

Mother's Name _____ Home Phone _____ Cell Phone _____

In an emergency, when parents cannot be reached, please contact:

Name _____ Home Phone _____ Cell Phone _____

Name _____ Home Phone _____ Cell Phone _____

Allergies: (Include food, medicine, etc. _____

Other Medical Conditions _____

Player's Physician _____ Office Phone _____

Medical and/or Hospital Insurance _____ Phone _____

Policy Holder _____ Policy # _____ Group # _____

PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD & ATTACH TO THIS FORM

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/USYS Youth Soccer and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/USYS, its affiliated organizations and sponsors, their employees and associated personnel, including the owner 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.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment, as well as permission to administer over the counter medicine and agree to be responsible financially for the reasonable cost of each assistance and/or treatment. My son/daughter may take the following over the counter medications:

_____ In the amount of _____

_____ In the amount of _____

_____ _____

Signature of Parent/Guardian **Date**