



MEDICAL RELEASE FORM 2018-19

Player's Name: _____ Date of Birth: _____
Address: _____
Parent/ Guardian Name: _____ Primary Phone: _____
Secondary Parent/ Guardian Name: _____ Primary Phone: _____
In an emergency, when parent cannot be reached:

Name: _____ Primary Phone: _____
Insurance Company: _____ Policy Number: _____
Policy Holder: _____ Group Number: _____
Child's Physician: _____ Phone: _____
Physician's Address: _____
Player's Known Allergies: _____
Other Medical Conditions: _____

When attending to an injured player, timing is important. In case I cannot be reached, any of the following persons is designated to act on my behalf to assist my child:

Coach: _____ Asst. Coach: _____
Manager: _____
A league/ tournament/camp representative where my child is playing.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

Read this form completely and carefully. You are agreeing to let your minor child engage in a potentially dangerous activity. You are agreeing that, even if Seminole Soccer club, Inc. doing business as Orlando City Youth Soccer Club (OCYSC), Florida Youth Soccer Association (FYSA) and US Club Soccer use reasonable care in providing this activity, there is a chance your child may be seriously injured or killed by participating in this activity because there are certain dangers inherent in the activity which cannot be avoided or eliminated. By signing this form you are giving up your child's right and your right to recover from OCYSC and/or FYSA or US Club in a lawsuit for any personal injury, including death, to your child or any property damage that results from the risks that are a natural part of the activity. You have the right to refuse to sign this form, and OCYS and FYSA have the right to refuse to let your child participate if you do not sign this form.

Recognizing the possibility of injury associated with soccer and in consideration for OCYSC and its affiliates accepting the registrant for its soccer programs, I hereby release/discharge OCYSC, affiliated organizations and sponsors, their employees, volunteers, and associated personnel, including the owners of fields and facilities utilized for programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs.

I agree the player listed above has received a physical examination by a physician and has been found physically capable of participating in the programs. In the event of an accident, injury, sickness, etc., under the direction of the person(s) listed above, until such time as I can be contacted, I hereby give my consent and permission for any and all medical attention/treatment to be administered to my child. I agree to be responsible for the payment of any such treatment. This release is effective for the period of one year from the date given below.

Parent/ Guardian Signature: _____ Date: _____

Print Name of Parent/ Guardian: _____