



## Minersville Are Youth Soccer Club Medical Release

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Information: (Please include Area Code)

Primary Contact  
Parent/ Gaurdian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Secondary Contact:  
Parent/ Gaurdian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### In an Emergency, when parents cannot be reached, please contact:

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Medical Information:

Allergies: \_\_\_\_\_  
Other Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

### PARENTS APPROVAL AND LIABILY RELEASE

Recognizing the possibility of physical injury associated with soccer. I am aware that conditions such as physical contact with other participants, high velocity soccer balls, slippery terrain, and demanding and strenuous exercises can all cause injuries and even death.

I hereby assume all risks for my son/ daughter/dependent to participate. I hereby release, discharge and/or otherwise indemnify MAYSC, its affiliated organizations and sponsors, its coaches, its administrative officers, and associated personnel, including the owner of the fields and facilities utilized for the programs, against any claims by or on behalf of my son/ daughter/dependent, by myself, my heirs, executors, administrators, or anyone else who might bring claims in my behalf as a result of my son/ daughter/ dependent's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. I hereby declare that I do have medical insurance capable of covering medical costs for my son/ daughter/ dependent and lost wages for myself caused by an accident related to participation in this program. The registrant has received a physical examination by a physician and has been found physically capable of participating in the program.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_