



## MEDICAL RELEASE FORM

Function:			
Player's Name:		U.S. Citizen : Yes_	No
Address:			
City/State/Zip Code:			
Birthdate:	Sex: S	ocial Security Number:	
Parent's Phone: ( )	Home (	) W	vork_
Emergency phone number other t	than Parent/Guardian:		
Name:		Phone: ( )	
Primary Medical Insurance Com	pany:		
Policy number:			
Known allergies or other pertiner	nt medical information:		
Recognizing the possibility of phy USYS/USS and its affiliates acce "Programs") I hereby release, dis- organizations and sponsors, their fields and facilities utilized for the registrant's participation in the Programs of the programs of the program of the prog	ppting the registrant for icharge and/or otherwise employees and associate Programs, against any rograms and/or being training. My child has received	ts soccer programs and act indemnify USYS/USS, is ed personnel, including the claim by or on behalf of unsported to or from the satisfactory a physical examination by	etivities (the ts affiliated ne owners of the ne, which
Therefore, I grant	e for my child in the area e or dentistry. I also assu	<u> </u>	bility
Signature of Parent/Guardian:		Date:	
Subscribed and sworn to me this		Day of	20
SignatureNotary Public	My commis	sion expires	
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