



Empire United Soccer Academy Buffalo

Medical Release Form

Player Name	Player's Address	Insurance Information
	Street: City: State: Zip:	Insurance Company / Provider: Subscriber: Person Responsible for Charges: Policy No.:
Date of Birth:	Gender:	Date of Last Tetanus Booster:
Parent / Guardian Information	Name	Address (if different than player's)
Daytime Phone: Alternate Phone:		
Emergency Information	Family Physician	Emergency Contact in Parent's Absence
Name: Phone:		
Known Allergies (includes medications)		
Any Other Medical Problems:		

Consent for Medical Treatment
<p>As the parent / legal guardian of the above named player, I request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I accept full financial responsibility for any such treatment. I also give permission for any transportation required to a medical facility and assume full financial responsibility for said transportation.</p>
Release of Liability
<p>Recognizing the possibility of injury associated with soccer and in consideration for the USSF/USYSA and its affiliates accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the USSF/USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs/Tournaments against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs/Tournaments and/or being transported to or from 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/Tournaments.</p>

I have read the above paragraph and fully understand and accept responsibility as it is outlined.

Signature Of Parent/Legal Guardian _____

Date ____ / ____ / ____

The following notarization is not required until after a player is invited to join a team.

JURAT STATE OF NEW YORK

COUNTY OF _____

Sworn to and subscribed before me on the ____ day of _____, 200__

Notary Public in and for the State of NEW YORK

My commission expires _____

Notary