

PLAYER'S MEDICAL INFORMATION

Player's Name _____ Birthdate (MM/DD/YYYY) _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Father's Name _____ Home Phone _____ Cell Phone _____

Mother's Name _____ Home Phone _____ Cell Phone _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Home Phone _____ Cell Phone _____

Name _____ Home Phone _____ Cell Phone _____

Allergies _____

Other Medical Conditions _____

Physician _____ Phone _____

Medical Insurance Co. _____ Phone _____

Policy Holder's Name _____ Policy Number _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the player listed above with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the player listed above to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, MSI, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in MSI or US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature *Date*

(Relation to player (*circle one*): father, mother, guardian)

Print Name