



Dakota Alliance Soccer Medical Release Waiver

Player's Name _____ email _____

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Home Phone _____ Cell Phone _____

Team Name _____ Coach _____

Emergency contact other than parent/legal guardian:

Name _____ Relationship _____ Phone _____

Family Physician _____ Phone _____ Hospital _____

Name of Insurance Company _____ Policy # _____

Please list any medical history which would aid in emergency: such as allergies to medications, etc..

The above listed player has received a physical exam by a physical and is physically fit to participate in soccer activities.

The player has been granted permission to attend and participate in and with teams, leagues, tournaments, camps and other soccer activities sponsored by USYSA. I also agree that the above player will abide by the rules of USYSA, tis affiliated organizations and sponsors. In exchange for the privilege of the above player participating in the activities, I, the undersigned, waive any legal claim against those associated with these soccer activities, in the event the player is injured while participating in these soccer activities, and travel to and from the same, which transportation I hereby authorize.

I, the undersigned, give my consent, in case of injury, for an athletic trainer, medical doctor, and doctor of dentistry, nurse, hospital or clinic to provide the player with medical assistance and/or treatment to preserve the life, limb, and/or well-being of the above named player. I agree to be financially responsible for the reasonable costs of such assistance and/or treatment.

Signature of Parent/Legal Guardian _____ Date _____

Address of Parent/Legal Guardian _____

City _____ State _____ Zip _____

Home Phone _____ Dad's Cell # _____ Mom's Cell # _____