



Medical Release

Player _____

Address _____

Home Phone _____

Mother _____ Cell Phone _____ Work Phone _____

Father _____ Cell Phone _____ Work Phone _____

Insurance Company _____

Policy/Group Number _____

Physician _____

Address _____

Phone _____

Known Allergies _____

Medications _____

Does player wear eyeglasses or contact lenses? Yes _____ No _____

Emergency Contact to call if parents are unavailable (please list weekend/evening numbers)

Name _____

Relationship to player _____

Phone Number(s) _____

Recognizing the possibility of physical injury associated with soccer and in consideration for USYSA/USSF and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA/USSF, its affiliated organizations and sponsors, their sponsors, their employees and associated personnel, the University of Wisconsin-Parkside, including the owners of the fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participating in the Programs and/or being transported to or from the same, which transportation I hereby authorized. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs. Therefore, I grant Red Star Soccer Club and its representative permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature (Parent/Guardian) _____ Date _____