

Emergency Medical Release & Liability Waiver

Participant's Name	ticipant's Name Birthdate			
Street Address	City		Zip	
EME	RGENCY INFOR	MATION		
Father's Name	_ Home Phone (_)	Cell/Bus Phone ()	
Mother's Name	_ Home Phone ()	Cell/Bus Phone ()	
In an emergency when parent/guardian cannot be	e reached or is n	ot applica	ble, please contact the following:	
Name	_ Home Phone ()	Cell/Bus Phone ()	
Name	_ Home Phone ()	Cell/Bus Phone ()	
Allergies				
Other Medical Conditions				
Physician	Cell Phone ()	Bus Phone ()	
Medical/Hospital Insurance Company			Phone ()	
Policy Holder's Name		_ Policy Nu	umber	
THIS AUTHORIZATION FOR EMERGENCY MED (PLAYER/COACH/REFEREE) CAN PARTICIPATE INFORMATION PROVIDED HEREIN.			BE COMPLETED BEFORE PARTICIPA MENT FOR INJURY WILL BE BASED	
I the undersigned participant and parent/guardian of the above that each participant will be engaging in activities that involve economic losses which might result not only from their own a play, or the condition of the premises or of any equipment up this time, assume all the foregoing risk and accept personal hereby release, discharge, covenants to indemnify and not managers, agents, sponsors and associated personnel include conduct the event, all of which are hereinafter referred to as kin for any and all against any claim by or on behalf of the transported to or from the same, which participation, after car applicant/participant has received a physical examination by hereby give my consent to have an athletic trainer, coar applicant/participant with medical assistance and/or treatment treatment. I, also agree to save and hold harmless and indecost, claim or damage whatsoever, including death or damage lack of such capacity to so act or caused or alleged to be of waiver/release and understand that (I) we have given up sub document may not be altered in any manner and that any alt will cause the participant to be removed from the Program. (re	re risk of serious injur- inctions, inactions or ne- sed and further, that al responsibility for the to sue Illinois Youth thing those of its affiliate treleasees', from any the applicant as a respect to consideration. I he a physician and has the and/or doctor of the and agree to be the agree of the and agree to the agree of the agree of the agree of the agree of the the agree of the a	y, including pegligence, but there may be e damages to Soccer Assoced organization and all liabilitual of the apprehy authorize been found pedicine or affinancially rarties herein may be imporpart by the ring this relea	permanent disability or death, and severe social action, inaction or negligence of others, the rule e other unknown risks not reasonably foreseeable following such injury, permanent disability or de ociation, its directors, officers, employees, coach ions, and the owners and lessors of premises use by to each of the undersigned, his/her heirs or new policant's participation in the Programs and/or be ized, and which transportation I hereby authorize. Only is a sociated personnel to provide responsible for the cost of such assistance and referred to above as releasees from all liability, leading upon said releasees because of any defect in negligence of the releasees. I have read the abase and sign below voluntarily. I understand that	
Parents/Guardians Signature(Parents/Guardians' Signature			Date	
	e is required if particip	ant is under t	the age of 18)	

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.