OLYMPIC DEVELOPMENT PROGRAM
PLAYER MEDICAL RELEASE FORM

PLAYER'S NAME_____DATE OF BIRTH_____

ADDRESS_____CITY_____STATE_____ZIP_____

SOCIAL SECURITY NUMBER (Optional) _____-_____-_____ EMAIL ADDRESS _____

EMERGENCY INFORMATION

MOTHER'S NAME_____HM PH (_____)_____WK PH (_____)_____

FATHER'S NAME_____HM PH (_____)_____WK PH (_____)_____

IN AN EMERGENCY WHEN PARENTS CANNOT BE REACHED, PLEASE CONTACT:

NAME_____HM PH (_____)_____WK PH (_____)_____

NAME_____HM PH (_____)_____WK PH (_____)_____

ALLERGIES_____

OTHER MEDICAL CONDITIONS_____

PLAYERS PHYSICIAN_____HM PH (_____)_____WK PH (_____)_____

MEDICAL AND/OR HOSPITAL INS. CO._____PH (_____)_____
(PLEASE COPY <u>BOTH SIDES</u> OF YOUR MEDICAL INSURANCE CARD AND ATTACH TO THIS FORM)

POLICY HOLDER _____POLICY #_____GROUP #_____

PARENTS APPROVAL AND MEDICAL RELEASE

RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SOCCER AND IN CONSIDERATION FOR THE USSF/USYSA AND ITS AFFILIATES ACCEPTING THE REGISTRANT FOR ITS SOCCER PROGRAMS AND ACTIVITIES (THE "PROGRAMS"), I HEREBY RELEASE, DISCHARGE, AND/OR OTHERWISE INDEMNIFY THE USSF/USYSA, IT'S AFFILIATED ORGANIZATIONS AND SPONSORS, THEIR EMPLOYEES AND ASSOCIATED PERSONNEL, INCLUDING THE OWNERS OF FIELDS AND FACILITIES UTILIZED FOR THE "PROGRAMS" AGAINST ANY CLAIM BY OR ON BEHALF OF THE REGISTRANT AS A RESULT OF THE REGISTRANT'S PARTICIPATION IN THE "PROGAMS" AND/OR BEING TRANSPORTED TO OR FROM THE 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". I HEREBY GIVE CONSENT TO HAVE AN ATHLETIC TRAINER AND /OR DOCTOR OF MEDICINE OR DENTISTRY PROVIDE MY SON/DAUGHTER WITH MEDICAL ASSISTANCE AND/OR TREATMENT AND AGREE TO BE RESPONSIBLE FINANCIALLY FOR THE REASONABLE COST OF SUCH ASSISTANCE AND/OR TREATMENT.

SIGNATURE OF PARENT/GUARDIAN_____DATE_____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF_____, 20_____

NOTARY PUBLIC_____MY COMMISSION EXPIRES_____

(RAISED SEAL OR ORIGINAL STAMP - NOTARY SEAL IS MANDATORY)