UNITED STATES YOUTH SOCCER ASSOCIATION, INC.
A Division of United State Soccer Federation

KANSAS STATE YOUTH SOCCER ASSOCIATION
United State Soccer Federation

OVERLAND PARK SOCCER CLUB

Player Information and Medical Release Form

Player's Name_____ Date of Birth _____
Address _____ City _____ State _____ Zip _____

EMERGENCY INFORMATION

Father's Name_____ Home Phone (___) _____ Work Phone (___)_____
Mother's Name_____ Home Phone (___) _____ Work Phone (___) _____

In an emergency when parents cannot be reached, please contact:
Name_____ Home Phone (___) _____ Work Phone (___) _____
Name_____ Home Phone (___) _____ Work Phone (___) _____
Allergies _____
Other medical conditions_____
Player's Physician _____Home Phone (___) _____ Work Phone (___) _____
Medical and/or Hospital Insurance company _____ Phone (___) _____
Policy Holder _____ Policy Number _____

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/USYSA and affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/USYSA, its affiliated organizations and sponsors, their employees and associated personnel, 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 registrants participation in the Programs 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 my 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 _____, _____

_____
Notary Public

(affix seal or original stamp) My Commission expires _____