Arkansas State Soccer Association

Player Information and Medical Release Form

This is not a registration form. Return this form to local association

This form should stay with the team manager or coach

Seasonal Year: _____

Player's Name: Date of Birth:

Address City State Zip

Emergency Information

Father's Name Home Phone Work/Cell Phone

Mother's Name Home Phone Work/Cell Phone

In an emergency when parents cannot be reached, please contact:

Name Home Phone Work/Cell Phone

Name Home Phone Work/Cell Phone

Allergies

Other medical conditions

Player's Physician Phone

Medical and/or Hospital Insurance Company Phone

Policy Holder Policy # Group #

PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD & ATTACH TO THIS FORM

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and/or the sudden illness at an event, 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, its 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 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 had been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, emergency personnel, 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.

It is highly recommended that this form is notarized if the player attends out-of-state tournaments/events. Notarization is required for players participating in ASSA state events (ODP, AR State League, President's Cup, AR State Championships)

Signature of Parent/Guardian Date

Notary:_____ Subscribed and sworn to before me this_____day of _____, 20__

My commission expires: _____ (raised seal or original stamp)