



## KENTUCKY YOUTH SOCCER MEDICAL RELEASE FORM



As the parent/legal guardian of named player be admitted to any hospital and staff, duly licensed as Doctors of Me diagnostic procedures, treatment procedu guarantee as to the results of examination tissue taken from the above-named player	dicine or Doctors of Dent ires, operative procedures on or treatment. I author	gnosis and treatment. I request a tistry or other such licensed tech s and x-ray treatment of the abov	nicians or nurses, to perform any re minor. I have not been given a
Date of Players Birth / / Month Day Year Da	ite of last Tetanus Booste	er / / Social Securi	ty #
Known allergies of this player, including ar	ny allergies to medicine		
Any other medical problems which should	be noted		
Family Physician		Phone	
Name of Parent/Guardian			
Address			
City/State/Zip			
Phone (Home)	(Work)	(FAX)	
Person responsible for charges (if differen	t from above)		
Address			
City/State/Zip			
Phone (Home)	(Work)	(FAX)	
Person to notify if parent/guardian is unava	ailable		
Phone (Home)	(Work)	(FAX)	
Insurance Carrier		Policy Number	
I, the parent/guardian of the registrant, a mino sponsors. Recognizing the possibility of phys soccer programs and activities (the "Programs sponsors, their employees and associated person behalf of the registrant æ a result of the transportation I hereby authorize.	sical injury associated with s ")' I hereby release, dischar sonnel, including the owners	trant will abide by the rules of the U soccer and in consideration for the U ge and/or otherwise indemnify the U of the fields and facilities utilized for t	SYSA accepting the registrant for its SYSA, its affiliated organizations and the Programs, against any claim by or
Signature of Parent/Guardian Date			
Signature of Parent/Guardian			Date
STATE OF	<u>NOTARY</u>	<u>PUBLIC</u>	
COUNTY OF			
Sworn to and subscribed before me on the	day of	, 19	
Notary Public in and for the State of  Commission expires			