



**ROCHESTER YOUTH SOCCER ASSOCIATION**

PO Box 665  
Rochester, NH 03868  
www.rysa-nh.com

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## Medical Release Form

### General Release

I, as parent or legal guardian, do hereby give my consent for my son/daughter to participate as a player in the 2014 Rochester Youth Soccer Association soccer tournament to be held on October 11 – 12, 2014. I understand and acknowledge that there is a risk of personal injury in soccer competition, and in recognition of these risks do hereby release, hold harmless and indemnify the United States Youth Soccer Association, NH Soccer Association, Rochester Youth Soccer Association, Roger Allen Recreational Association, the Tournament Committee, and their officers, directors, coaches, and designated officials from all claims, causes of action and any and all liability which may result directly or indirectly from the participation of my son/daughter in the tournament. I further give my consent for my son/daughter to receive emergency medical treatment, which may be deemed advisable in the event of an accident or illness during the 2014 RYSA Columbus Day Tournament. I understand that, if possible, I will be notified by telephone of any emergency treatment required.

Player's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Club/Team: \_\_\_\_\_ Date: \_\_\_\_\_

### Player Medical Information

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical insurance provider: \_\_\_\_\_

Parent/Guardian emergency contact information:

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Emergency contact, in the event parent/guardian is not reachable:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Doctor:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Important:

**Each coach must have this form in his/her possession on the field for each player.**