



# *Vienna Youth Soccer*

## Medical Release Form

**Name of Participant:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Gender (M or F):** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Parent Name(s):** \_\_\_\_\_

**Home Tel. #:** \_\_\_\_\_ **Parent cell #:** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact #:** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_

**Medical Concerns including Allergies and Medications:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DISCLAIMER: My child is in normal health and has permission to participate in all training activities, practices and games. In case of emergency or serious injury, I give permission for my child to receive medical treatment. Vienna Youth Soccer assumes no responsibility and will not be held liable for any accident resulting in medical, dental or any other expenses. Each participating child is required to carry personal medical insurance coverage and understands the risks involved in playing competitive soccer.

**Parent/Guardian signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_