

OCYSA RECREATIONAL SOCCER PROGRAM MEDICAL RELEASE FORM

NAME OF PLAYER: _____

As the parent/legal guardian of the player named above, I request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the registrant.

FAMILY INFORMATION

Name of Parent or Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work or Cell Phone: _____ Email: _____

MEDICAL INFORMATION

Player's Date of Birth: _____ Date of last Tetanus Booster: _____

Please list any special medical problems or allergies: _____

Doctor to notify in case of emergency: _____ Telephone: _____

Person responsible for charges (if different from parent/guardian listed above): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work or Cell Phone: _____ Email: _____

Person to notify if parent/guardian is unavailable: _____ Relationship: _____

Home Phone: _____ Work or Cell Phone: _____ Email: _____

Insurance Carrier: _____ Policy Number: _____

WAVIER

The registrant and I will abide by the rules of OCYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for OCYSA accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify OCYSA, 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 registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature of Parent or Guardian: _____ Date: _____

IMPORTANT: THIS FORM MUST BE COMPLETED AND PRESENTED TO THE TEAM'S HEAD COACH PRIOR TO THE START OF THE TEAM'S FIRST PRACTICE SESSION. NO FORM: NO PRACTICE OR PLAY.