

Davis AYSO - MEDICAL RELEASE FORM

Region 218

BOY GIRL BIRTHDATE: _____ DIVISION / TEAM #: _____ (i.e., Div 7 / U06B-E-01)

PLAYER INFORMATION:

LAST NAME	FIRST NAME	MI	HOME TELEPHONE NO.
STREET ADDRESS		CITY	ZIP
EMERGENCY CONTACT NAME ▪ PHONE NO.		DOCTOR'S NAME ▪ PHONE NO.	

MEDICAL INFORMATION

Player has Medical Insurance? Yes No Name of Insurance Carrier: _____

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical conditions? No Yes

If Yes, please explain: _____

Emergency Authorization: I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care of any hospital. If there is an emergency and I cannot be reached, please contact the person above **Who is Hereby Authorized to Act on My Behalf.**

Waiver of Liability and Disclaimer: I, the parent or guardian of the above named individual acknowledge that participation in athletic events necessarily involve risk or physical injury. I further acknowledge that the programs of the American Youth Soccer Organization (AYSO) are primarily administered by parents who volunteer their time, rather than paid professionals. In consideration for accepting the registration of said individual in its programs. I hereby, release, discharge, and hold harmless AYSO, its employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to any said individual while participating in AYSO-sponsored events, including any physical injury caused by the negligence of any official, referee or coach while performing his/her duties during any practices or games. **Acknowledge and Consent:** For both the internal and external use, I acknowledge that AYSO may compile address and mailing labels and may utilize soccer photographs of the named individual. I consent to such uses and hereby waive all rights to compensation.

PARENT / GUARDIAN INFORMATION

FATHER / GUARDIAN's LAST NAME	FIRST NAME	MI	DAYTIME PHONE	CELL PHONE
EMAIL ADDRESS: _____				

MOTHER / GUARDIAN's LAST NAME	FIRST NAME	MI	DAYTIME PHONE	CELL PHONE
EMAIL ADDRESS: _____				

I have received a copy of the SAI (Soccer Accident Insurance) Brochure.

SIGNATURE 

Parent / Guardian	Relationship	Date
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