



## Olympic Development Program Player Information and Medical Release Form

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### EMERGENCY INFORMATION

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### In an emergency, when parents cannot be reached, please contact:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

Player's Physician: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical and/or Hospital Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE COPY BOTH SIDES OF YOUR INSURANCE CARD AND ATTACH TO THIS FORM**

### PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of injury associated with soccer and in consideration for the New York State West Youth Soccer (NYSWYSA), US Youth Soccer (USYS), the US Soccer Federation (USSF) and their affiliates accepting the registrant for their soccer programs and activities ("the Programs"), I hereby release, discharge and/or otherwise indemnify the NYSWYSA/USYS/USSF, their affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields or facilities utilized for the Programs against any claim by or in behalf of the registrant as a result of the registrants participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date