

Medical Release Form

Player Tryout No. _____

Amelia Island Youth Soccer

www.aiysoccer.com

Age Group _____

Medical Release

Player's Name: _____ Date of Birth: _____ / _____ / _____

Address: _____ Email _____

City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION (Please include Area Code)

Father's Name: _____ Mother's Name: _____

Father's Home Phone: () _____ Mother's Home Phone: () _____

Father's WorkPhone: () _____ Mother's WorkPhone: () _____

Father's Cell Phone: () _____ Mother's Cell Phone: () _____

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

Name: _____

Home Phone: () _____ WorkPhone: () _____

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Work Phone: () _____

Parent's Approval and Medical Release

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/USYS/AI Youth Soccer and its affiliates accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the USSF/USYS/AIYS, its affiliated organizations and sponsors, their employees and associated personnel, including the owner 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/Guardian

Date