Albany Soccer Club, Inc.

Medical Release Form

Player's Name: _____
First MI Last

Date of Birth: _____ Age: _____ SSN: _____

Address: _____ Zip Code: _____

Parent's Information:

Father's Name: _____

Address: _____
(If different from above)

Phone Number: _____ (Home) _____ (work)

Mother's Name: _____

Address: _____
(If different from above)

Phone Number: _____ (Home) _____ (work)

Medical Information:

Primary Medical Insurance Company: _____

Policy Number: _____

List any medical problem you think the Coach should know about or state NONE

_____

_____

Emergency:

Person to notify in case of an Emergency: _____ _____
Name Phone

Recognizing the possibility of physical injury associated with soccer and in consideration for USYS/USS and its affiliates including Albany Soccer Club, Inc, accepting the registrant for its soccer programs and activities (The "Programs") I hereby release, discharge and/or otherwise indemnify USYS/USS, its affiliated organizations and sponsors, their employees and associated personnel, Albany Soccer Club, Inc. it officers, directors, coaches, assistant coaches and team managers including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant _____ and /or _____ and/or _____ permission
(Coach) (Assistant coach) (Team manager)
to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

_____ _____
Signature of Parent/Guardian Date