



SOCCER Player Medical Release

Player:		Date of Birth:		M/F:
Address:		Phone:		
Allergies/Special Needs:				
Parent/Guardian1:		Home:	Cell:	Work:
Address:		E-mail:		
Parent/Guardian2:		Home:	Cell:	Work:
Address:		E-mail:		

EMERGENCY AUTHORIZATION

We, the undersigned, parents of the participant, a minor, do hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as Agents for the undersigned to consent to Medical, Surgical, of Dental Examination Treatment, etc. In case of emergency, I/we hereby authorize treatment and /or care of registered player at ANY hospital. If there is an emergency and I/we cannot be reached, please contact:

Emergency Contact: **Phone:** **Address:** _____

... Who is hereby authorized to act in my/our behalf.

Does this child have any history of respiratory illness or allergies? Yes____ No____

Please state problems: _____

List any regularly taken medications: _____

If you want a family doctor contacted in case of emergency, please list name and phone number:

Physician Name: **Physician Phone:**

Insurance Carrier: **Group:** **ID#:** **Phone:**

RELEASE OF ALL CLAIMS AGAINST SPOKANE YOUTH SPORTS ASSOCIATION

IN CONSIDERATION OF PERMISSION GRANTED MY CHILD/WARD BY SPOKANE YOUTH SPORTS ASSOCIATION TO PARTICIPATE IN SOCCER, I, THE PARENT OR GUARDIAN OF THE ABOVE NAMED CHILD, HEREBY RELEASE AND DISCHARGE SPOKANE YOUTH SPORTS ASSOCIATION, ITS OFFICERS, EMPLOYEES, REPRESENTATIVES, COACHES AND REFEREES FROM ALL CLAIMS, DEMANDS, ACTIONS, JUDGEMENTS, AND EXECUTIONS WHICH THE CHILD, PARENT OR GUARDIAN EVER HAD, NOW HAS, OR MAY HAVE, OR WHICH THE CHILD OR PARENT OR GUARDIAN'S HEIRS, EXECUTORS, ADMINISTRATORS OR ASSIGNS MAY HAVE OR CLAIM TO HAVE, AGAINST SPOKANE YOUTH SPORTS ASSOCIATION, ITS OFFICERS, EMPLOYEES, REPRESENTATIVES, COACHES AND REFEREES, THEIR SUCCESSORS OR ASSIGNS, FOR ALL PERSONAL INJURIES, KNOWN OR UNKNOWN TO MY CHILD/WARD, AND INJURIES TO PROPERTY, REAL OR PERSONAL, CAUSED BY, OR ARISING OUT OF, THE ABOVE DESCRIBED SPORTS ACTIVITIES. I, THE PARENT OR GUARDIAN, HAVE READ THIS RELEASE AND UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. **LEGAL AUTHORIZATION FOR EMERGENCY CARE AND ACKNOWLEDGEMENT RELEASE OF ALL CLAIMS STATEMENT.**

(SIGNATURE OF PARENT OR GUARDIAN)

DATE