

## EASTERN PENNSYLVANIA YOUTH SOCCER ASSOCIATION

Two Village Road, Suite 3, Horsham, PA 19044 Phone (215) 657-7727 • Fax (215) 657-7740 • www.epysa.org

## **MEDICAL RELEASE**

| Player's Name:   | [  | Date of Birth:  | /  | /   |
|--|--|---|--|---|
| Address:   |  |   |  |   |
| City:  |  | State:  | Zip:   |   |
| <b>EMERGENCY INFORMATION</b> (Please inc   | lude Area Code)  |   |  |   |
| Father's Name:   |  | ame:  |  |   |
| Father's Home Phone: ( )   |  | lome Phone: (   |  |   |
| Father's WorkPhone: ( )  |  | WorkPhone: (  |  |   |
| Father's Cell Phone: ( )   |  | ell Phone: (  |  |   |
| Father's E-mail:   | Mother's E   | -mail:  |  |   |
| In an emergency, when parents cannot Name:   | <u> </u>   |   |  |   |
| Home Phone: ( )  |  | )   |  | _   |
| Name:  |  | )   |  |   |
| Allergies:   |  |   |  |   |
| Other Medical Conditions:  |  |   |  |   |
| Player's Physician:  |  |   |  |   |
| Work Phone: ( )  |  | )   |  |   |
| Medical and/or Hospital Insurance Company: _   |  |   |  |   |
| Policy Holder:   |  |   |  |   |
| (copy both sides) on   | SIDES OF YOUR MEDICA to 1 page (8.5 x 11) and PROVAL AND MEDIC   | attach to this fo   |  |   |
| Recognizing the possibility of physical injury a Youth Soccer and its affiliates accepting the reg release, discharge and/or otherwise indemnify employees and associated personnel, including any claim by or on behalf of the registrant as a transported to or from the same, which transport | istrant for its soccer prog<br>the USSF/USYS/EPYSA, i<br>the owner of the fields a<br>a result of the registrant | grams and activit<br>ts affiliated orga<br>and facilities util<br>t's participation | ies ("the Progra<br>Inizations and s<br>ized for the Pro | ms"), I hereby<br>ponsors, their<br>grams against |
| My son/daughter has received a physical exami<br>ticipating in the Programs. I hereby give my cor<br>tistry provide my son/daughter with medical as<br>the reasonable cost of each assistance and/or t   | nsent to have an athletic<br>sistance and/or treatme   | trainer and/or d  | octor of medici  | ne or den-  |
| Signature of Parent/Guardian   |  | Date  | 2  |   |