



Garden Spot Youth Soccer Club

Player Liability Waiver &
Authorization for Medical Treatment

PLAYER'S MEDICAL INFORMATION

Player's Name:		Birth Date:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Street Address:		City:	
State:	Zip :	Email Address:	
Parent Name:		Home Phone: ()	Bus Phone: ()
Email Address:		Cell Phone: ()	Receive texts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Name:		Home Phone: ()	Bus Phone: ()
Email Address:		Cell Phone: ()	Receive texts? <input type="checkbox"/> Yes <input type="checkbox"/> No

In an emergency when parent/guardian cannot be reached, please contact the following:

Name:	Phone 1: ()	Phone 2: ()
Name:	Phone 1: ()	Phone 2: ()

Please list allergies the player has:

Please list other medical conditions:

Physician:	Phone 1: ()	Phone 2: ()
Medical/Hospital Insurance Company:	Phone: ()	
Policy Holder's Name:	Policy Number:	

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify Garden Spot Youth Soccer Club, EPYSA, USYS, USSF, their sponsors, affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in Garden Spot Youth Soccer Club's programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature _____ **Date** _____ Relation to player: Father Mother Guardian