

Emergency Medical Release & Liability Waiver

Participant's Name	Birthdate			
Street Address	City			Zip
	EMERGENCY INFO	RMATION		
Father's Name	Home Phone ()	Cell/Bus Phone ()
Mother's Name	Home Phone ()	Cell/Bus Phone ()
Email Address(es)				
In an emergency when parent/guardian car	nnot be reached or is	not applica	able, please contact the f	ollowing:
Name	Home Phone ()	Cell/Bus Phone ()
Name	Home Phone ()	Cell/Bus Phone ()
Email Address(es)				
Allergies				
Other Medical Conditions				
Physician	Cell Phone ()	Bus Phone ()
Medical/Hospital Insurance Company			Phone ()_	
Policy Holder's Name		Policy Νι	ımber	
THIS AUTHORIZATION FOR EMERGENCY MEDICA REFEREE) CAN PARTICIPATE IN ACTIVITIES. TRE I the undersigned participant and parent/guardian of the each participant will be engaging in activities that invo losses which might result not only from their own actic condition of the premises or of any equipment used ar all the foregoing risk and accept personal responsibilit covenants to indemnify and not to sue Illinois Youth S associated personnel including those of its affiliated o hereinafter referred to as 'releasees', from any and all by or on behalf of the applicant as a result of the aparticipation, after careful consideration I hereby au physical examination by a physician and has been for athletic trainer, coach and/or doctor of medicine or detreatment and agree to be financially responsible for indemnify each and all parties herein referred to abdamage to property, which may be imposed upon said caused in whole or in part by the negligence of the substantial rights by signing this release and sign be alternation without the express written consent from to (revised 5/15/14)	ne above listed minor (if par live risk of serious injury, incons, inactions or negligence of further, that there may be a considered further, that there may be soccer Association, its directly for the damages following soccer Association, its directly for the damages following soccer Association, its directly for a considered for the undapplicant's participation in thorize, and which transpound physically capable of the cost of such assistation over as releasees from all directly for a releasees. I have read to the undapplicant in the cost of such assistation over the cost of	ILL BE BASE rticipant is uncluding perma e, but action, e other unkno, gracers, officers and lessor dersigned, his, the Programs ortation I here f participating anel to provide ince and/or trability, loss, a defect in or I he above was at that this dessociation will	der the age of 18) acknowledge anent disability or death, and se inaction or negligence of others own risks not reasonably foresee permanent disability or death, h, employees, coaches, manage s of premises used to conduct the heirs or next of kin for any s and/or being transported to deby authorize. The applicant/pain the Programs. I hereby give the applicant/participant with reatment. I, also agree to save ack, claim or damage whatso lack of such capacity to so act of aiver/release and understand the cument may not be altered in a licause the participant to be ren	and fully understand the vere social and economy, the rules of play, or the able at this time, assumereby release, dischargers, agents, sponsors and the event, all of which an and all against any claim or from the same, which articipant has received a my consent to have a my consent to have a never, including death or caused or alleged to be at (I) we have given using manner and that ar
Parents/Guardians Signature(Parents/Guardians' Si	gnature is required if partic	ipant is under	Date the age of 18)	
Participant's Signature	is required)		Date	

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.