



Pittsford Mustangs Soccer Club Emergency Contact / Medical Release Form

Please print and make sure the form is signed and dated.

As the parent / legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctor of Medicine or Doctor of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I accept full financial responsibility for any such treatment. I also give permission for any transportation required to a medical facility and assume full financial responsibility for said transportation.

Date of Birth ____ / ____ / ____ Date of Last Tetanus Booster ____ / ____ / ____

Known allergies of this player, including any allergies to medicine _____

Any other medical problems which should be noted _____

Family Physician _____ **Phone** (____) _____

Name of Parent / Legal Guardian _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

Mother's Work (____) _____

Mother Cell (____) _____

Father's Work (____) _____

Father Cell (____) _____

Person responsible for charges (if different from above) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

Work Phone (____) _____

Cell (____) _____

Person to notify (if parent/legal guardian is unavailable) _____

Home Phone (____) _____

Work Phone (____) _____

Cell (____) _____

Insurance of Person Responsible for Charges

Medical Insurance Co _____

Subscriber _____

Medical Insurance Policy Number (Include last two digits - family member number) _____

Recognizing the possibility of injury associated with soccer and in consideration for the USSF/USYSA and its affiliates accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the USSF/USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs/Tournaments against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs/Tournaments and/or being transported to or from same, which transportation I hereby authorize. My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs/Tournaments.

I have read the above paragraph and fully understand and accept responsibility as it is outlined.

Signature of Parent/Legal Guardian _____ Date ____ / ____ / ____