

**Kansas State Youth Soccer Association/US Youth Soccer
OLYMPIC DEVELOPMENT PROGRAM
EMERGENCY MEDICAL INFORMATION**

Current
Player
Photo

PLAYER'S NAME: _____ BIRTHDATE: _____ M/F ____

HOME ADDRESS: _____

CITY: _____, KS, ZIP: _____

PHONE: (_____) _____

EMERGENCY MEDICAL INFORMATION

FATHER'S NAME _____ ADDRESS IF DIFFERENT THAN PLAYER _____

FATHER'S HOME # _____ FATHER'S WORK # _____ FATHER'S CELL # _____

MOTHER'S NAME _____ ADDRESS IF DIFFERENT THAN PLAYER _____

MOTHER'S HOME # _____ MOTHER'S WORK # _____ OTHER'S CELL # _____

In case of emergency, when parents can not be reached, please contact:

NAME _____ NUMBER _____ RELATIONSHIP _____

NAME _____ NUMBER _____ RELATIONSHIP _____

ALLERGIES/MEDICAL CONDITIONS _____

MEDICATION TAKEN REGULARY _____

PHYSICIAN'S NAME _____ PHONE NUMBER _____

MEDICAL/HOSPITAL INSURANCE COMPANY _____

PARENTS APPROVAL AND MEDICAL RELEASE

In consideration for being allowed to participate in any way in the Kansas State Youth Soccer Association US Youth Soccer Olympic Development Program, as a player in games, training activities and exercises, being transported to and from same (which transportation I hereby authorize), and related events and activities, the undersigned:

1. Agree that the parent(s) and or legal guardian(s) together with their minor participant will, prior to participating, inspect the facilities and equipment to be used, and if they or the participant believe anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all foregoing risk and accept personal responsibility for damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue KANSAS STATE YOUTH SOCCER ASSOCIATION US YOUTH SOCCER OLYMPIC DEVELOPMENT PROGRAM their affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to a "releasees," from any and all LIABILITY to the participant and the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

The Information above and medical history supplied is correct to the best of my knowledge. We hereby give permission for Kansas State Youth Soccer Association US Youth Soccer Olympic Development Program Athletic Trainers to apply first aid treatment until the parents can be contacted. We give our consent for the Kansas State Youth Soccer Association US Youth Soccer Olympic Development Program Athletic Trainers to use their own judgment in securing medical and ambulance service in case the parents cannot be contacted.



SIGNATURE OF PARENT/GUARDIAN

DATE: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20____

NOTARY PUBLIC _____
(NOTARY SEAL IS MANDATORY)