



AUTHORIZATION TO PLAY, MEDICAL RELEASE, AND WAIVER FORM

With the signature(s) below, permission is hereby granted for _____ (participant) to participate in all practice sessions, games and other activities involving _____ (Soccer Club) during the _____ season. This permission extends to any travel to and from any and all practice sessions, games and other activities sponsored and arranged by the Soccer Club.

This permission is granted without reservation. Recognizing the risks presented by the competitive contact sport of soccer, the signature below indicates a knowing, voluntary release of any claim which might be asserted against Soccer Club, its officers, administrative assistants, coaches, assistant coaches, managers, sponsors, chaperones, designated drivers, volunteers, and any other agents representing Soccer Club, or SYSA and its officers or agents or representatives, the local league organization of which Soccer Club is a member. By waiving any right to assert a claim, I am agreeing to release, absolve, indemnify and hold harmless any and all parties previously mentioned for any and all liability arising from any injuries incurred by participant in Club. My waiver expressly means that I, participant's legal parent or legal guardian, accept and assume all risks and hazards inherent in and related to the activities of Soccer Club, including any travel to and from any activities sponsored and arranged by Soccer Club.

This permission also includes my authorization for emergency medical treatment deemed appropriate and necessary by any coach, assistant coach or representative or agent thereof for participant, including transport to the nearest medical facility adequate to treat the emergency. Participant has the following medical condition (s): _____

Mother's name _____ Home Phone ____ - ____ Work/Cell Phone ____ - ____

Father's name _____ Home Phone ____ - ____ Work/Cell Phone ____ - ____

Physician _____ Phone _____ - _____

Health Insurance Plan _____

Medical Plan Number _____

Emergency Contact Name _____ Home Phone ____ - ____ Work/Cell Phone ____ - ____

Medical Concerns _____

Allergies Yes ___ No ___ If yes, to what? _____

Asthma Yes ___ No ___

Diabetes Yes ___ No ___

Seizure/Epilepsy Yes ___ No ___

Concussions Yes ___ No ___ If yes, date/grade ____ date/grade ____

I have read this authorization to play, medical release and waiver, acknowledge that I understand it and agree to be bound by it.

Dated _____ Parent/Guardian Signature _____

Dated _____ Parent/Guardian Signature _____