

Missouri Youth Soccer Association

Emergency Medical Release & Liability Waiver



Player's Name:		Birthdate://
Address:	City/State/Zip:	
Father's Name:	Phone Home ()	Work: ()
Mother's Name:	Phone Home ()	Work: ()
In case of emergency when parent/guardia	n cannot be reached, please contact th	e following:
Name:	Phone Home ()	Work: ()
Allergies:	Other Medical Conditions:	
Physician:	Phone Home: ()	Work: ()
Dentist:	Phone Home: ()	Work: ()
Medical/Hospital Insurance Company:		Phone ()
Policy Holder's Name:	Policy Number:	
This authorization for emergency medical t Treatment for injury will be based on inform		olayer begins participation.
I the undersigned (if applicant/participant is 18 y applicant/participant acknowledge and fully und risk of serious injury, including permanent disabilitheir own actions, inactions or negligence, but ac premises or of any equipment used and further, the assume all the foregoing risk and accept personal hereby release, discharge, covenants to indemnifus sponsors, their coaches, managers, employees and for premises used to conduct the event, all of which undersigned, his/her heirs or next of kin for any comparticipation in the Programs and/or being transmathorize, and which transportation I hereby aut and has been found physically capable of participand/or doctor of medicine or dentistry or associate treatment and agree to be financially responsible tharmless and indemnify each and all parties here whatsoever, including death or damage to proper capacity to so act or caused or alleged to be caused waiver/release and understand that (I) we have get the control of the cause of the c	lerstand that each applicant/participant will lity or death, and severe social and economication, inaction or negligence of others, the restant there may be other unknown risks not real responsibility for the damages following set and not to sue Missouri Youth Soccer Associated personnel, officers, directors, and associated personnel, officers, directors, and all against any claim by or on behalf of the ported to or from the same, which participate thorize. The applicant/participant has received the personnel to provide the applicant/participant for the cost of such assistance and/or treated to above as release form all liability, which may be imposed upon said release seed in whole or in part by the negligence of the given up substantial rights by signing this respective in the substantial rights by signing this respective in the substantial rights by signing this respective.	be engaging in activities that involve ic losses which might result not only from ales of play, or the condition of the reasonably foreseeable at this time, uch injury, permanent disability or death, ociation, its affiliated organizations and agents, including the owners and leasers from any and all liability to each of the the applicant as a result of the applicant's ation, after careful consideration I hereby used a physical examination by a physician insent to have an athletic trainer, coach incipant with medical assistance and/or timent. I, also agree to save and hold allity, loss, cost, claim or damage see because of any defect in or lack of such the release. I have read the above lease and sign below voluntarily.
Signature of Parent or Guardian: Subscribed and sworn to me this		
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Notary Public