## UNITED STATES YOUTH SOCCER ASSOCIATION, INC. A Division or United States Soccer Federation

## KANSAS STATE YOUTH SOCCER ASSOCIATION PLAYER INFORMATION AND MEDICAL RELEASE FORM

Player's Name	Date of Birth			
Address	City	State	Zip	
EMERGENCY INFORMATION				
Father's Name	Home Phone ()	Work Phone(_	)	
Mother's Name	Home Phone ()	Work Phone(	)	
In an emergency when parents cannot be re	eached, please contact:			
Name				
Name				
Allergies				
Other medical conditions				
Player's Physician				
Medical and/or Hospital Insurance Company _		Phone ( )		
Policy Holder	Policy Number			
PARENT'S APPROVAL AND MEDICAL	RELEASE			
Recognizing the possibility of physical injury its affiliates accepting the registrant for its discharge and/or otherwise indemnify the US and associated personnel, including the owner or on behalf of the registrant as a result of the or from the same, which transportation I hereb My son/daughter has received a physical exparticipating in the Programs. I hereby give dentistry provide my son/daughter with medical for the reasonable cost of such assistance and/or	soccer programs and activities SF/USYSA, its affiliated organizes of fields and facilities utilized for registrant's participation in the lay authorize.  The amination by a physician and have consent to have an athletical assistance and/or treatment are	(the "Programs"), I ations and sponsors, or the Programs again Programs and/or being as been found physical trainer and/or doctors.	their employees inst any claim by ing transported to ically capable of r of medicine or	
	Signature of Parent	:/Guardian	Date	
Subscribed and sworn to before me this	day of		20	
		Notary Public		
(raised seal or original stamp)	My co	ommission expires		