



**Player Medical Informational Release and Waiver**  
*This form must be present at all Super Y and Super 20 Events*

**Player Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parents Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Number 1 ( )** \_\_\_\_\_ **Contact Number 2 ( )** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Contact Number ( )** \_\_\_\_\_

**Medical Conditions or allergies:** \_\_\_\_\_

**Primary Medical Insurance Provider:** \_\_\_\_\_

**Policy Holder:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Contact Telephone Number: ( )** \_\_\_\_\_

**Parent/Guardian Release**

I hereby release, discharge and indemnify USSF/USSSA/USL all owners and operators of facilities used for events, and all directors, officers, employees, agents and representatives from all claims, liabilities, damages or causes of actions arising from any connection with my child's participation in all programs. My child has received a physical examination by a physician and has been passed healthy and capable of participating in all programs. I recognize the possibility of physical injury associated with soccer and I hereby give my consent to medical treatment by a athletic trainer and/or doctor of medicine and/or dentistry.

I have read the above and understand that I/we have given up substantial rights by signing this release at our own freewill.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Subscribed and sworn to me the** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **My Commission Expires:** \_\_\_\_\_

**Notary Public**

