

MEDICAL RELEASE FOR COACH

This release will be with the coach at all times when a player is playing.

CHILD'S NAME _____ TEAM: _____

PARENTS NAME, ADDRESS, PHONE (HOME/WORK)

EMERGENCY CONTACT PERSON (NAME ADDRESS AND PHONE)

FAMILY PHYSICIAN (NAME ADDRESS AND PHONE)

MEDICAL INFORMATION: Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or other significant medical condition? YES NO If yes, please state problems below. Attach separate sheet if necessary.

EMERGENCY AUTHORIZATION: I the undersigned parent or legal guardian of the participant, a minor, hereby authorizes the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my agents, to consent to medical, surgical or dental examination and/or treatment. In the case of emergency, I hereby authorize treatment and/or care at any hospital. If there is an emergency and I can not be reached, please contact: (Name, address, phone:)

Who is hereby Authorized to Act on my Behalf.

WAIVER OF LIABILITY AND DISCLAIMER: I, the parent or guardian of the above named individual acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of the American Youth Soccer Organization (AYSO) are primarily administered by parents who volunteer their time rather than paid professionals. In consideration for accepting the above named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge and hold harmless AYSO, its employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in AYSO sponsored events, including any physical injury caused by the negligence of any official, referee or coach while performing his/her duties during any practices or games.

ACKNOWLEDGMENT AND CONSENT: I acknowledge receipt of the Accident Reimbursement Plan pamphlet and I understand the terms of the Plan.

For both internal and external use, I acknowledge the AYSO may compile address and mailing labels and may utilize soccer photographs of the named individual. I consent to such uses and hereby waive all rights to compensation.

Signature

Date

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