

Olympic Development Program

Player Information and Medical Release Form

Player's Name:	Date of Birth: _		SSN:
Address:	•	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 reach	ned, please contact:		
Name:	Home Phone:	Work Phone:	
Name:	Home Phone:	Work Phone:	
Allergies:			
Other Medical Conditions:			
Player's Physician:	Home Phone:	Work Phone:	
Medical and/or Hospital Insurance Company:		Phone:	
Policy Holder:	Policy #:		
	OF YOUR MEDICAL INSURANCE		FORM
Recognizing The possibility of physical injury associated accepting the registrant for its soccer programs a USSF/USYS, its affiliated organizations and spontutilized for the Programs against any claim by or obeing transported to or from the same, which transported to the programs against any claim by or obeing transported to or from the same, which transported to the programs against any claim by or obeing transported to or from the same, which transported to the programs against any claim by or other transported to the programs against any claim by or other transported to the programs against any claim by or other transported to the programs against any claim by or other transported to the programs against any claim by or other transported to the programs against any claim by or other transported to the programs against any claim by or other transported to the programs against any claim by or other transported to the programs against any claim by or other transported to the programs against any claim by or other transported to the programs against any claim by or other transported to the programs against any claim by or other transported to the programs against any claim by or other transported to the programs against any claim by or other transported to the programs against agai	and activities (the "Programs"), I he sors, their employees and associate on behalf of the registrant as a resu	reby release, discharge and/ ed personnel, including the o	or otherwise indemnify the wner of fields and facilities
My son/daughter has received a physical examinat hereby give my consent to have an athletic trains and/or treatment and agree to be responsible finan	er and/or doctor of medicine or der	ntistry provide my son/daught	er with medical assistance
Signature of Parent/Guardian		 Date	