

URBAN SOCCER LEADERSHIP ACADEMY – MEDICAL AND MEDIA RELEASE FORM

BOY GIRL BIRTHDATE: _____

PLAYER INFORMATION

LAST NAME	FIRST NAME	MI	HOME TELEPHONE NO.
STREET ADDRESS		CITY	ZIP CODE
EMERGENCY CONTACT NAME - PHONE NO.		DOCTOR'S NAME - PHONE NO.	

MEDICAL INFORMATION

Has your child had a physical in the last 12 months? Yes No
Player has Medical Insurance? Yes No Name of Insurance Carrier: _____

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical conditions? No Yes

If Yes, please explain:

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 case of emergency, I hereby authorize treatment and/or care of any hospital. If there is an emergency and I cannot be reached, please contact the person listed **Who is Hereby Authorized to Act on My Behalf:** Name: _____ Contact No.: _____ Email: _____

Waiver of Liability and Disclaimer: I, the parent or guardian of the above named individual acknowledge that participation in athletic events necessarily involve risk or physical injury. I further acknowledge that the programs of the Urban Soccer Leadership Academy are primarily but not necessarily administered by parents who volunteer their time, rather than paid professionals. In consideration for accepting the registration of said individual in its programs, I hereby release, discharge, and hold harmless USLA, its employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to any said individual while participating in USLA 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. I understand the responsibility to have accurate medical information and the completion of a physical is my sole responsibility and not the responsibility of USLA.

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

PARENT / GUARDIAN INFORMATION

FATHER'S / GUARDIANS LAST NAME	FIRST NAME	MI	DAYTIME PHONE	CELL PHONE
EMAIL ADDRESS: _____				

MOTHER'S / GUARDIAN'S LAST NAME	FIRST NAME	MI	DAYTIME PHONE	CELL PHONE
EMAIL ADDRESS: _____				

SIGNATURE

Parent / Guardian	Relationship	Date
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