

AVERILL PARK
Youth Soccer League



Medical Release and Information Form

Child's First Name

Child Last Name

Child's DOB

Current Grade

Current School

Parent/Guardian #1 Name & Cell Phone Number:

Parent/Guardian #2 Name & Cell Phone Number:

In the event we cannot reach you, please list up to 3 additional contacts and phone number:

Medical or Psychosocial Diagnoses/Considerations:

Allergies/Medications:

Primary Physician Name & Phone Number:

Primary Insurance Company:

Insurance Policy Number/ID:

Consent for Treatment

I hereby acknowledge the risks involved in soccer. In the event of injury to my son or daughter, I hereby give my permission for any and all medical attention necessary to be administered to my child.

Recognizing the possibility of physical injury associated with soccer and in consideration for APYSL accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify APYSL, their associated personnel, including the owner of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name/Signature

Date