

Pennsylvania Classics 2019-20 Medical Release

As the parent/legal guardian of, _____ I request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue from the above named player. I also hereby assume responsibility for payment of any such treatment.

Players Name: _____ Date of Birth: _____ / _____ / _____

Address: _____ City, State: _____ Zip: _____

Father's Name: _____ Home Phone: (____) _____ Work Phone: (____) _____

Mother's Name: _____ Home Phone: (____) _____ Work Phone: (____) _____

Father's Cell Phone: (____) _____ **Mother's Cell Phone:** (____) _____

Father's Email: _____ **Mother's Email:** _____

In an emergency when parent/guardian cannot be reached, please contact:

Name: _____ Home Phone:(____) _____ Cell/Work Phone:(____) _____

Name: _____ Home Phone:(____) _____ Cell/Work Phone:(____) _____

Known allergies, including allergies to medicine: _____

Other medical conditions: _____

Player's Physician: _____ Work Phone:(____) _____ 2nd Phone:(____) _____

Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Group #: _____

Player's Dentist: _____ Work Phone:(____) _____ 2nd Phone:(____) _____

Insurance information for dental if different than medical insurance:

Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Group #: _____

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/USYS/EPYSA Youth Soccer, Pennsylvania Classics and its affiliates accepting the registrant for its soccer programs and activities ("the Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/USYS/EPYSA, Pennsylvania Classics, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of the 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.

Signature of Parent/Legal Guardian

Date

Signature of Player if 18 or older*

Date

Name of Parent/Legal Guardian (please print)

Name of Player if 18 or older (please print)

* If 18 years of age or older, player must sign in addition to parent.