

OHIO YOUTH SOCCER ASSOCIATION-NORTH

EMERGENCY MEDICAL AUTHORIZATION FORM

PLEASE PRINT CLEARLY

Player's Name: _____ Birthdate: ____/____/____

Address: _____ City: _____ Zip: _____

PHONE NUMBERS:

Home: (____) _____ Father's Business: (____) _____

Emergency: (____) _____ Mother's Business: (____) _____

PREFERENCES:

Physician: _____ Phone: (____) _____

Dentist: _____ Phone: (____) _____

Hospital: _____ Phone: (____) _____

Medical History: _____

(Please list any pertinent details about the player's medical history—allergies, medications, physical ailments, surgeries, etc.)

I hereby give my consent to have an athletic trainer, coach, paramedic, and/or doctor of medicine or dentistry provide medical assistance and /or treatment and agree to be financially responsible for the reasonable cost of such assistance and/or treatment. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists concur in the necessity for the surgery and these opinions are obtained before the surgery is performed. Attempts will be made to contact parents of players based on the information provided on this form. Facts concerning the player's medical history, including allergies, medications, or physical ailments to which a physician should be alerted should be listed above.

Parent/Guardian Signature: _____ Date: _____

WAIVER OF LIABILITY

Recognizing the possibility of physical injury associated with soccer and in consideration for the Ohio Youth Soccer Association North/US Youth Soccer/USSF and its affiliates accepting the registrant for this program, I hereby release, discharge and/or otherwise indemnify Ohio Youth Soccer Association North/US Youth Soccer/USSF, its affiliated organizations and sponsors, their employees, volunteers, and associated personnel, including the owner of fields and facilities utilized by the program against claim by or on behalf of the registrant as a result of participation in the program.

Parent/Guardian Signature: _____ Date: _____