



Westchester Youth Soccer League
Affiliated with the Eastern New York Youth Soccer Association



Player Information & Medical Release Form

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ email (optional): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Club Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

EMERGENCY INFORMATION: Parent email: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

In an emergency, when parents cannot be reached, please contact:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

List known allergies: \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

Doctor to notify in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

PLEASE PHOTOCOPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD AND ATTACH TO THIS FORM OR IN LIEU OF PHOTOCOPYING YOUR MEDICAL CARD, YOU MAY INSTEAD FILL OUT THE FOLLOWING:

Name of primary Medical and/or Hospital Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of policyholder (will usually be father or mother): \_\_\_\_\_

Policy #: \_\_\_\_\_ Group ID #: \_\_\_\_\_

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS/USS and its affiliates, including any affiliated club, accepting the Player to participate its programs and activities of the Westchester Youth Soccer League ("WYSL"), other USYS/USS affiliated leagues and any affiliated club (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYS/USS, its affiliated organizations, including the State Youth Association, the WYSL and any affiliated club and sponsors, their employees and associated personnel, the owners of fields and facilities utilized for the Programs, and also the officers, directors, trustees, leaders, volunteers, coaches, trainers and agents of the State Youth Association, the WYSL and/or any affiliated club against any claim by or on behalf of the Player and/or the Player's parents, guardians and other relatives as a result of the Player's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

The Player has received a physical examination by a licensed physician and has been found physically capable of participating in the Programs. I hereby give my consent to have the coach, assistant coach or trainer of the team on which the Player is registered act as my surrogate in securing ambulance service and to have an athletic trainer and/or doctor of medicine or dentistry provide the Player with medical assistance and/or treatment under whatever conditions are necessary to preserve the life, limb or well-being of the Player, and I agree to be responsible financially for the cost of each assistance and/or treatment rendered.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ My commission expires \_\_\_\_\_

\*NOTARIZATION IS NOT REQUIRED FOR LEAGUE PLAY IN THE WYSL, BUT MAY BE REQUIRED FOR TOURNAMENT PLAY. CONSULT THE COACH FOR INSTRUCTIONS.