

MERCER ISLAND YOUTH SOCCER CLUB MEDICAL AUTHORIZATION, RELEASE AND HOLD HARMLESS AGREEMENT				
Player's Name:		Date of Birth:		
Address:		City:	State:	Zip:
EMERGENCY INFORMATION				
Father/Guardian Name:		H:	W:	Cell:
Mother/Guardian Name:		H:	W:	Cell:
<i>In an emergency when parent/guardian cannot be reached, please contact:</i>				
Name:	Relationship to player:	H:	W:	Cell:
Name:	Relationship to player:	H:	W:	Cell:
Allergies:		Date of last tetanus shot:		
Other medical conditions:				
Regular medications:				
Player's Physician Dr.			Phone:	
Medical and/or Hospital Insurance Co.:			Phone:	
Policy Holder:		Policy #:	Group #:	
*** Please copy BOTH sides of your medical insurance card and attach to this form ***				
PARENT/GUARDIAN APPROVAL AND MEDICAL RELEASE				
<p>Recognizing the possibility of physical injury associated with soccer and/or the sudden illness at an event, and in consideration for the Mercer Island Youth Soccer Club and its affiliates accepting the player named above ("player") for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Mercer Island Youth Soccer Club, its board members, officers, agents, coaches, managers, administrators and other volunteers, affiliated organizations and sponsors, and their employees, contractors and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the player 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.</p>				
<p>My son/daughter/ward has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, emergency personnel, and/or doctor of medicine or dentistry provide my son/daughter/ward with such medical assistance and/or treatment (including, without limitation first aid, medical, dental, surgical, diagnostic or hospital procedures) as may be necessary, and agree to be responsible financially for the cost of such assistance and/or treatment.</p>				
I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THIS MEDICAL AUTHORIZATION, RELEASE AND HOLD HARMLESS AGREEMENT.				
Signature of Parent/Guardian: _____			Date: _____	

SUBMIT COMPLETED FORM TO TEAM COACH OR MANAGER