

**Arkansas State Soccer Association**

**Player Information and Medical Release Form**

**This is not a registration form. Return this form to local association**

**This form should stay with the team manager or coach**

**Seasonal Year:** \_\_\_\_\_

Player's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

**Emergency Information**

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

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

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

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Allergies \_\_\_\_\_

**Other medical conditions**

Player's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical and/or Hospital Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD & ATTACH TO THIS FORM**

**PARENT'S APPROVAL AND MEDICAL RELEASE**

Recognizing the possibility of physical injury associated with soccer and/or the sudden illness at an event, and in consideration for the USSF/USYSA and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners 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.

My son/daughter has received a physical examination by a physician and had 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 with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

It is highly recommended that this form is notarized if the player attends out-of-state tournaments/events. Notarization is required for players participating in ASSA state events (ODP, AR State League, President's Cup, AR State Championships)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Notary: \_\_\_\_\_ Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

My commission expires: \_\_\_\_\_

(raised seal or original stamp)