



LIBERTY FC

Emergency Medical Authorization and Release Form

Player Name: _____
 Date of Birth ___/___/___ Address: _____
 City: _____ Zip: _____ School: _____

Contact Information: Home Phone: _____
 Father Name: _____ (C) _____ (W) _____
 Mother Name: _____ (C) _____ (W) _____
 Emergency: (Other) _____
 E-Mail Address(s): _____

Preferences:

Physician: _____ (Phone) _____
Dentist: _____ (Phone) _____
Hospital: _____ (Phone) _____

Medical History (please list any pertinent details regarding player's medical history, including allergies, medical conditions, 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 reasonable cost of such assistance and/or treatment. The 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 the parents of the 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 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:** _____

I hereby authorize publicity releases (for Soccer) that may include my child's picture and/ or their name.

Parent/Guardian Signature: _____ **Date:** _____

Jurat

State of Ohio

County of _____

Sworn to and subscribed before me on the _____ day of _____, 20____.

Notary Public in and for the State of _____

Commission Expires _____