PO Box 1186 • Newport, VT 05855

MEDICAL RELEASE FORM

Players Name: ______________________________

Address: ______________________________

Birth Date: ______________________________ Sex: M_____ F_____

Mother's Name: ______________________________ Father's Name: ______________________________

Home Phone: ______________________________ Work Phone: ______________________________

Emergency Phone other than Parent/Guardian: ______________________________

Emergency Name and Relationship to Child: ______________________________

Phone: ______________________________

Primary Medical Insurance Company: ______________________________

Policy Number: ______________________________

Taking any medications: ______________________________ Injuries or Ailments: ______________________________

Known allergies or other pertinent medical information: ______________________________

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I hereby waive, release, indemnify, and agree to hold harmless the Northeastern Vermont Youth Soccer League organization and its directors and volunteers for any claim arising out of any injury to my child or ward whether the result of negligence or for any other cause, except to the extent of an amount covered by accident, medical or liability insurance policy carried by the Northeastern Vermont Youth Soccer League. I/We know that participation in soccer may result in serious injuries to my / our child. Protective equipment does not prevent all injuries to players. My child has received a physical examination by a physician and has been found physically capable of participating in NVRYL.

I hereby give my consent and authorization for ______________________________ (player) in the event of injury or illness, to be medically treated by a qualified physician and allow such physician to render such medical treatment as the doctor deems necessary under the circumstance including but not limited to first aid treatment, suture of wounds, anesthesia, x-rays and /or hospitalization.

Signature of Parent/Guardian: ______________________________ Date: ______________________________