



Ultimate Youth Soccer

Waiver of Liability

I _____, the parent/guardian of the registrant, a minor, recognize the possibility of physical injury associated with soccer. By enrolling the registrant for soccer programs at Ultimate Youth Soccer, I release, discharge and/otherwise indemnify Ultimate Youth Soccer and its employees (including volunteers) against any and/or all claims by or on behalf of the registrant as a result of the registrant's participation in the program.

As the parent/legal guardian of _____, I request that in my absence, the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed physicians or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above named minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named minor.

Player's Date of Birth: _____ Date of last Tetanus Booster: _____

Allergies: _____

Known medical problems: _____

Family Physician: _____ Phone: _____

Insurance Carrier: _____

Address (Parent/Guardian): _____

City/State/Zip: _____

Phone (Home): _____ (Work): _____

Person responsible for charges (if different from above): _____

Person to notify if parent/guardian is unavailable: _____

Phone (Home): _____ (Work): _____

Signature of Parent/Guardian: _____