

## **Medical Release Form**

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/US Youth Soccer/Soccer Rhode Island and its affiliates accepting the registration for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/US Youth Soccer/Soccer Rhode Island and its affiliated organizations and sponsors, their employees and associated personnel, including the owner 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 is transportation I hereby authorize. My son/daughter 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 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 each assistance and/or treatment.

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis: \_\_\_\_\_

Medication(s): \_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency of Dosage: \_\_\_\_\_

The purpose of the above-listed information is to ensure that medical personnel has details of any medical problem which may interfere with or alter treatment.

Date of Last Tetanus Booster: \_\_\_\_\_

Please Print out the completed form and bring it with you to our Tryouts.