

Medical Release Form
Tredyffrin-Easttown Youth Soccer Assoiaton (TEYSA)
CLUB (FC EUROPA/TRAVEL) SOCCER

(Including all related activities - games, practices, travel, scrimmages, etc.)

Player's Name _____

Address: _____

City/State/Zip _____

Birth date: _____ Sex: _____

Parent's Names: _____

Parent's Phone: Home(____) _____ Work(____) _____

Emergency contact (other than parent/guardian):

Name: _____ Phone (____) _____

Primary medical insurance company _____

Policy number _____

Physician; _____ Physician's Phone #(____) _____

Known allergies or other pertinent medical information:

Recognizing the possibility of physical injury associated with soccer and in consideration for the TEYSA and affiliated organizations, including the Philadelphia Area Girls Soccer League (PAGSL), the DELCO Soccer League (DELCO) and the USYSA and their affiliates- including EPYSA, accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify TEYSA, including coaches, officers, directors and/or others acting on its behalf), PAGSL, DELCO, USYSA, US Club Soccer, their 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's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Therefore, I grant (coach) _____, (asst. coach) _____ and/or, in their absence, other responsible adults present acting on their behalf permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor or medicine or dentistry. I also assume financial responsibility for any medical treatment for my child.

Signature of Parent/Guardian: _____ Date: _____

Parent's Name: (Print) _____