

OYSA MEDICAL RELEASE FORM

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 as Doctors of Medicine 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 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 player.

Date of Players Birth ____/____/____ Date of last Tetanus Booster ____/____/____
Month Day Year Month Day Year

Known allergies of this player, including any allergies to medicine

Any other medical problems that should be noted

Family Physician _____ Phone (____) _____

Name of Parent/Guardian _____

Address _____

City/State/Zip _____

Phone _____ H _____ W _____ FAX _____

Person responsible for charges (if different from above) _____

Address _____

City/State/Zip _____

Phone _____ H _____ W _____ FAX _____

Person to notify if parent/guardian is unavailable _____

Phone _____ H _____ W _____ FAX _____

Insurance Carrier _____

Policy Number _____

Signature of Parent/Guardian



SHERWOOD YOUTH SOCCER CLUB

MEDICAL CONSENT & RELEASE OF LIABILITY

As parent or legal guardian of this child, _____, I hereby waive liability of SYSC and its officers, coaches, and other SYSC personnel, to the greatest extent allowed by law, for injuries to my child or myself while engaged in SYSC activities.

I understand that the SYSC attempts to conduct background checks of coaching applicants prior to appointing SYSC coaches. I also understand that these background checks are limited in nature, and that errors can occur in such checks, in the interpretation of the checks, or in the exceptions to the results of the checks. I also understand that I am the primary person responsible for my child's welfare. I acknowledge that SYSC recommends that I should remain within sight of my child at all times while he or she is engaged in SYSC activities and that I should never leave my child alone with people whom I do not know personally and trust.

I hereby agree to defend, hold harmless and indemnify SYSC, and its officers, coaches, and other SYSC personnel from liability, damages, or loss resulting from my failure to undertake my responsibilities.

I certify, to the best of my knowledge, that the registered child has no physical or mental conditions which prohibit them from participating in SYSC activities, or which require special consideration of their coach(s). As parent or legal guardian of this child, I hereby consent to any emergency medical treatment as approved by his or her coach(s), or other SYSC associated representative, in case of illness or injury while participating in any SYSC activities. I understand and acknowledge that this consent is to prevent undue delay and assure proper medical treatment and that only a licensed physician will be engaged for such an emergency – not including basic first aid.

A parent or legal guardian will be contacted as soon as possible if such an emergency occurs. I acknowledge that by registering my child for SYSC activities, I agree to abide by the decisions made regarding coach and player assignments to teams, practice times and game times.

Parent Signature: _____ Date: _____