

Player Medical Release Form

And Groundhog 4v4 Permission Form

Player last Name: _____ Player First Name: _____ Player MI _____ Gender: _____

Player Birth Date: _____

I give my child permission to play in the Groundhog Goal Rush
4v4 indoor soccer festival tournament.

Primary Guardian: First Name: _____ Last Name: _____

Email: _____ Relationship: _____

Street Address: _____ City, State & Zip: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Secondary Guardian: First Name: _____ Last Name: _____

Email: _____ Relationship: _____

Street Address: _____ City, State & Zip: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Medical Release

List any medical problem or prohibition player has: _____ Allergies: _____

Person to notify in emergency: _____ Telephone: _____

Doctor to notify in emergency: _____ Telephone: _____

Recognizing the possibility of physical injury associated with soccer, and in consideration for the USSF/US Youth Soccer and it's affiliate NMYSA accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge, and/or otherwise indemnify the USSF/US Youth Soccer, it's affiliate NMYSA 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 transportation I hereby authorize.

I hereby give consent to have an athletic trainer, emergency medical technician and/or Doctor of Medicine or Dentistry provide my son/daughter with medical assistance, treatment and/or transport and agree t be responsible financially for the reasonable costs of such assistance and/or treatment.

Name of Parent/Guardian (Print): _____ Date: _____

Signature: _____