

# PLAYER MEDICAL RELEASE FORM

Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Telephone:H) \_\_\_\_\_ (W) \_\_\_\_\_ ( c) \_\_\_\_\_

E-Mail \_\_\_\_\_

RELEASE STATEMENT:RELEASE STATEMENT: I, the parent(s) or guardian(s) of the registrant, a minor, agrees that the registrant and I (we) will abide by the rules of YMS and EPYSA, its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for YMS and EPYSA accepting the registrant for its soccer programs and activities, I (we) hereby irrevocably and forever release, discharge and/or otherwise indemnify and agree to defend YMS, its officers, coaches, trainers, managers, referees, and EPYSA and affiliated organizations, including the owners of the fields and facilities utilized for the soccer program (the "Indemnified Parties") from and against any and all claims which I (we) and/or the minor may have for any and all injuries and/or damage to property arising out of (i) the minor's participation in any YMS and/or EPYSA soccer programs and activities, and (ii) the actions or inactions of the Indemnified Parties. I affirm the registrant is in sound health physical condition and that the child is covered by health insurance secured independently.

Parent or Guardian Signature: (if Under 18) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_