

Emergency Medical Release & Liability Waiver

Participant's Name	Birthdate		
Street Address	City		Zip
EME	ERGENCY INFORI	MATION	
Father's Name	_ Home Phone ()	Cell/Bus Phone ()_
Mother's Name	_ Home Phone ()	Cell/Bus Phone ()
In an emergency when parent/guardian cannot l	be reached or is n	ot applica	able, please contact the following:
Name	_ Home Phone ()	Cell/Bus Phone ()
Name	Home Phone ()	Cell/Bus Phone ()
Allergies			
Other Medical Conditions			
Physician	Cell Phone ()	Bus Phone ()
Medical/Hospital Insurance Company			Phone ()
Policy Holder's Name		_ Policy N	umber
THIS AUTHORIZATION FOR EMERGENCY ME (PLAYER/COACH/REFEREE) CAN PARTICIPATE INFORMATION PROVIDED HEREIN.			BE COMPLETED BEFORE PARTICIPANT MENT FOR INJURY WILL BE BASED ON
I the undersigned participant and parent/guardian of the abothat each participant will be engaging in activities that involve conomic losses which might result not only from their own a play, or the condition of the premises or of any equipment ut this time, assume all the foregoing risk and accept personhereby release, discharge, covenants to indemnify and not managers, agents, sponsors and associated personnel incluc conduct the event, all of which are hereinafter referred to as kin for any and all against any claim by or on behalf of the transported to or from the same, which participation, after cat applicant/participant has received a physical examination by hereby give my consent to have an athletic trainer, coat applicant/participant with medical assistance and/or treatm treatment. I, also agree to save and hold harmless and indecost, claim or damage whatsoever, including death or damage lack of such capacity to so act or caused or alleged to be of waiver/release and understand that (I) we have given up sub document may not be altered in any manner and that any all will cause the participant to be removed from the Program. (In the participant is to be removed from the Program. (In the participant to be removed from the Program. (In the participant to be removed from the Program. (In the participant to be removed from the Program. (In the participant to be removed from the Program. (In the participant to be removed from the Program. (In the participant to be removed from the Program. (In the participant to be removed from the Program. (In the participant to be removed from the Program. (In the participant to be removed from the Program. (In the participant to be removed from the Program. (In the participant to be removed from the Program. (In the participant to be removed from the Program. (In the participant to be removed from the Program.)	we risk of serious injuractions, inactions or neused and further, that all responsibility for the to sue Illinois Youth the applicant as a respect of the applicant as a respect of the applicant as a respect of the applicant and has ach and/or doctor of the and agree to be a mify each and all particularly, which is caused in whole or in the stantial rights by sign ternation without the each and of the action of	ry, including egligence, but there may be damages Soccer Assed organizate and all liabilities between found medicine of the financially parties herein may be important by the hing this release.	permanent disability or death, and severe social and action, inaction or negligence of others, the rules of eother unknown risks not reasonably foreseeable at following such injury, permanent disability or death sociation, its directors, officers, employees, coaches ions, and the owners and lessors of premises used to the each of the undersigned, his/her heirs or next of opplicant's participation in the Programs and/or being ize, and which transportation I hereby authorize. The physically capable of participating in the Programs. In dentistry or associated personnel to provide the responsible for the cost of such assistance and/or referred to above as releasees from all liability, loss used upon said releasees because of any defect in or negligence of the releasees. I have read the above ase and sign below voluntarily. I understand that this
Parents/Guardians Signature(Parents/Guardians' Signature	e is required if particing	ant is under	the age of 18)
			Date

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.