

Medical Release Form

US Youth Soccer Southern Regional Championships

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REQUIRED FOR TEAM REGISTRATION

MEDICAL RELEASE

This release must be signed by player's parent or legal guardian for players to be eligible for tournament play. Forms must be **ORIGINAL**, **SIGNED** and **COMPLETED** (including insurance information) when presented at registration. **NO COPIES!** Keep this form with the team at all times.

I agree to allow my child,		, to participate in all activities with the		
Southern Regional Championships. coach, manager, or any other repre Youth Soccer Southern Regional Cany and all emergency medical trearise to the necessity of medical treamedicine or doctor of dentistry. This preserve the life, limb or well-being	If for any re sentative of hampionship tment due to tment given s care may l of my child.	eason I am no the above tea os Tournamer o accident and under the dire oe given unde	rticipating in the US Youth Soccer by available, I hereby give permission to the arm, OR any representative with the US but Committee to seek, obtain and authorized/or illness, or any other incident giving ection of a duly licensed doctor of a whatever conditions are necessary to give up substantial rights by signing and	
knowingly assume the risk of partici	pation in this	s tournament.		
Player's Signature		Parent/Legal Guardian Signature		
State Association:			Age Division:	
Team Name:			,	
Player's Name:			Date of Birth:	
Address:			Home Phone:	
City:		State:	Zip:	
Father:	Work Ph	one:	Cell Phone:	
Mother:	Work Phone:		Cell Phone:	
Family Insurance Company:			Policy #:	
Group #:			Phone:	
Player's Physician:			Phone:	

This form is located at: www.southernregionals.org Click on the Region III tab and then click Team Information

This form must be completed and brought to Registration by the Team Representative at your state's assigned time. **This form may be typed or hand written.**