



Medical Release Form

**US Youth Soccer
Southern Regional Championships**

20__ - 20__

REQUIRED FOR TEAM REGISTRATION

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.

MEDICAL RELEASE

I agree to allow my child, _____, to participate in all activities with the _____ soccer team/club while participating in the US Youth Soccer Southern Regional Championships. If for any reason I am not available, I hereby give permission to the coach, manager, or any other representative of the above team, OR any representative with the US Youth Soccer Southern Regional Championships Tournament Committee to seek, obtain and authorize any and all emergency medical treatment due to accident and/or illness, or any other incident giving rise to the necessity of medical treatment given under the direction of a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my child.

I have read the above Medical Release and recognize that I give up substantial rights by signing and knowingly assume the risk of participation in this 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 Phone:	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.**