



Vienna Youth Soccer

Medical Release Form

Name of Participant: _____

Birthdate: _____ **Gender (M or F):** _____

Home Address: _____

Parent Name(s): _____

Home Tel. #: _____ **Parent cell #:** _____

Parent Email: _____

Emergency Contact Name: _____

Emergency Contact #: _____

Insurance Carrier: _____ **ID Number:** _____

Medical Concerns including Allergies and Medications:

DISCLAIMER: My child is in normal health and has permission to participate in all training activities, practices and games. In case of emergency or serious injury, I give permission for my child to receive medical treatment. Vienna Youth Soccer assumes no responsibility and will not be held liable for any accident resulting in medical, dental or any other expenses. Each participating child is required to carry personal medical insurance coverage and understands the risks involved in playing competitive soccer.

Parent/Guardian signature: _____

Date: _____