



United PDX Soccer Club
10831 SW Cascade Ave
Tigard, OR 97223

United PDX & US Youth Soccer Association Medical Release

Club Name: United PDX Soccer Club
League Name: Oregon Youth Soccer Association

Players Medical Information

Players Name: _____ Birth Date: _____ Female / Male _____

Address: _____ City: _____ Zip _____

Parent Name: _____ Home #: _____ Cell #: _____

Parent Name: _____ Home #: _____ Cell #: _____

Player Allergies: _____

Medical Conditions: _____

Physician _____ Phone: _____

Medical/Hospital Insurance Company: _____ Phone: _____

Policy Holders Name: _____ Policy #: _____

In an emergency when a parent/guardian cannot be reached, please contact the following:

Name: _____ Home #: _____ Cell #: _____

Name: _____ Home #: _____ Cell #: _____

Medical Treatment Authorization & Liability Release

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Youth Soccer Association, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Youth Soccer Association programs and/or being transported to or from the same, which transportation I hereby authorize.

I hereby consent to United PDX Soccer Club registering me with US Youth Soccer Association. I understand that my child may be registered to only one US Youth Soccer Association member club at any time.

Players Name _____ Date of Birth _____

Parent/Guardian Name _____ Phone _____

Email _____

Signature _____ Date _____