



3701 Freda Circle
 Sioux Falls, SD 57103
 Phone: (605) 371-2255
 Email: office@southdakotasoccer.com
 Website: www.southdakotasoccer.com

SOUTH DAKOTA SOCCER MEDICAL RELEASE

Club Name _____ **City** _____ **State** _____

I hereby consent to the above-named club registering me with South Dakota State Soccer. I understand that the insurance provided by South Dakota State Soccer is a secondary insurance

_____ **Player's Signature**

Date _____ **Parent/Guardian Signature** _____ **Date** _____

PLAYER'S MEDICAL INFORMATION

Player's Name _____ Birth Date _____
 Street Address _____ City _____ State _____ Zip _____
 Email Address _____

Father's Name _____ Home Phone () _____ Bus Phone () _____
 Mother's Name _____ Home Phone () _____ Bus Phone () _____

In an emergency when parent/guardian cannot be reached,
 Name _____ please contact the following:
 Name _____ Home Phone () _____ Bus Phone () _____
 Name _____ Home Phone () _____ Bus Phone () _____

Allergies _____
 Other Medical Conditions _____

Physician _____ Home Phone () _____ Bus Phone () _____
 Medical/Hospital Insurance Company _____ Phone () _____

Policy Holder's Name _____ Policy Number _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

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 named club, South Dakota Soccer, US Youth Soccer, 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 South Dakota State Soccer programs and/or being transported to or from the same, which transportation I hereby authorize:*

Signature _____ **Date** _____

(Relation to player: father, mother, guardian)

NOTARY PUBLIC

STATE OF _____, COUNTY OF _____
 Sworn to and subscribed before me on the _____ day of _____, 20_____
 Notary Public in and for the State of _____
 My Commission expires: _____ (Place notary seal above.)