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**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

\_\_\_\_\_  
**Parent/Guardian Signature**      **Date** \_\_\_\_\_ **Player's 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.)