

NOTARY PUBLIC _____ MY COMMISSION EXPIRES _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20 _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

MY SON/DAUGHTER HAS RECEIVED A PHYSICAL EXAMINATION BY A PHYSICIAN AND HAS BEEN FOUND PHYSICALLY CAPABLE OF PARTICIPATING IN THE "PROGRAMS". I HEREBY GIVE CONSENT TO HAVE AN ATHLETIC TRAINER AND/OR DOCTOR OF MEDICINE OR DENTISTRY PROVIDE MY SON/DAUGHTER WITH MEDICAL ASSISTANCE AND/OR TREATMENT AND AGREE TO BE RESPONSIBLE FINANCIALLY FOR THE REASONABLE COST OF SUCH ASSISTANCE AND/OR TREATMENT.

RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SOCCER AND IN CONSIDERATION FOR THE USSF/USYS AND ITS AFFILIATES ACCEPTING THE REGISTRANT FOR ITS SOCCER PROGRAMS AND ACTIVITIES (THE "PROGRAMS"), I HEREBY RELEASE, DISCHARGE, AND/OR OTHERWISE INDEMNIFY THE USSF/USYS, ITS AFFILIATED ORGANIZATIONS AND SPONSORS, THEIR EMPLOYEES AND ASSOCIATED PERSONNEL, INCLUDING THE OWNERS OF FIELDS AND FACILITIES UTILIZED FOR THE "PROGRAMS" AGAINST ANY CLAIM BY OR ON BEHALF OF THE REGISTRANT AS A RESULT OF THE REGISTRANT'S PARTICIPATION IN THE PROGRAMS AND/OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE.

PARENTS APPROVAL AND MEDICAL RELEASE

POLICY HOLDERS NAME _____ POLICY NUMBER _____

MEDICAL AND/OR HOSPITAL INS. CO. _____ (ATTACH PHOTOCOPY OF INSURANCE/MEDICAL CARD) _____ PH () _____

PLAYERS PHYSICIAN _____ WK PH () _____

OTHER MEDICAL CONDITIONS _____

ALLERGIES _____

NAME _____ HM PH () _____ WK PH () _____

NAME _____ HM PH () _____ WK PH () _____

IN AN EMERGENCY WHEN PARENTS CANNOT BE REACHED, PLEASE CONTACT:

Father: HM PH () _____ WK PH () _____ CELL: () _____

FATHER'S NAME _____ HM PH () _____ WK PH () _____

Mother: HM PH () _____ WK PH () _____ CELL: () _____

MOTHER'S NAME _____

EMERGENCY INFORMATION

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PLAYER'S NAME _____ DATE OF BIRTH _____

2005 MEDICAL RELEASE FORM

