



The Shenentaha Soccer Club offers a tremendous playing environment with top coaching, yet at reasonable costs.

Shenentaha Teams have been uniformly successful!

MEDICAL RELEASE FORM

Function: _____

Player's Name: _____ **U.S. Citizen:** Yes _____ No _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Birthday: ____ / ____ / ____ **Sex:** _____ **Soc.Sec.Number:** ____ - ____ - ____

Parents:

Name: _____ **Phone:** (____) _____

Name: _____ **Phone:** (____) _____

Emergency Contact other than Parent/Guardian:

Name: _____ **Phone:** (____) _____

Primary Medical Insurance Company:

Name: _____ **Policy No.:** _____

Known allergy or other pertinent Medical Information:

Recognizing the possibility of physical injury associated with soccer and in consideration for USYS / USS and its affiliates accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and / or otherwise indemnify USYS / USS, 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's participation in the Programs and / or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant _____ and / or _____ permission to act as my surrogate for my child in the area of obtaining, medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of Parent/Guardian: _____ **Date:** ____ / ____ / ____

ACKNOWLEDGMENT MUST BE COMPLETED BY A NOTARY PUBLIC

State of _____ County of _____

Subscribed and sworn

to me on this day of _____, in the year _____.

NOTARY PUBLIC (Please sign and affix stamp) _____