



2001 Maywill St.,  
Suite 203  
Richmond VA 23230

<b>Age Group</b>	
<b>Team</b>	

[www.richmondkickers.com](http://www.richmondkickers.com)

### Medical Release Form

I hereby consent to the Richmond Kickers Soccer Youth Soccer Club registering me with VYSA and its affiliated programs for the registration year beginning July 1<sup>st</sup>, \_\_\_\_\_ and ending August 31<sup>st</sup>\_\_\_\_\_. I understand that I may be registered to only one VYSA member club at any time.

### Player's Medical Information

Player's Name:		Birth Date:	
Street Address:	City:	State:	Zip:
Father's Name:		Home #:	Bus #:
Mother's Name:		Home #:	Bus #:
Primary Email Address:		Alternate Email Address:	

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

Name:	Home #:	Bus #:
Name:	Home #:	Bus #:
Allergies:		
Other Medical Conditions:		
Physician:		Bus Phone:
Medical/Hospital Insurance Company:		Phone:
Policy Holder's Name:		Policy Number:

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, USYSA, VYSA, 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 Richmond Kickers Youth Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relation to Player:** \_\_\_\_\_

(Father, Mother, Guardian)  
COMMONWEALTH OF VIRGINIA

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: \_\_\_\_\_

Signature: \_\_\_\_\_