

## Missouri Youth Soccer Association Emergency Medical Release & Liability Waiver



Player's Name:			_ Birthdate:	:/
Address:	City/State/Zip:			
Father's Name:	Phone Home: ()	)	_ Work: (	_)
Mother's Name:	Phone Home: (	)	_ Work: (	_)
In case of emergency when parent/guo	ardian cannot be reac	hed, please	contact the	e following:
Name:	Phone Home: ()		Work: (	_)
Allergies:	Other Medical Co	nditions: _		
Physician:	Phone Home: ()	)	_ Work: (	_)
Dentist:	Phone Home: (	)	_ Work: (	_)
Medical/Hospital Insurance Company:			Phone: (_	)
Policy Holder's Name:		Policy N	lumber:	
This authorization for emergency med participation. Treatment for injury wi				
engaging in activities that involve risk of severe social and economic losses which negligence, but action, inaction or neglige or of any equipment used and further, that this time, assume all the foregoing risk and injury, permanent disability or death, here Missouri Youth Soccer Association, its agreemployees and associated personnel, off premises used to conduct the event, all of valiability to each of the undersigned, his/he behalf of the applicant as a result of the applicant as a result of the applicant as a result of the applicant and has been found physically consent to have an athletic trainer, coach a provide the applicant/participant with me responsible for the cost of such assistance indemnify each and all parties herein refedamage whatsoever, including death or a decause of any defect in or lack of such capart by the negligence of the releasee. I have given up substantial rights by signing Signature of Parent or Guardian:  Subscribed and sworn to me this	In might result not only nee of others, the rules of there may be other unkned accept personal responsible release, discharge, offiliated organizations afficers, directors, agents, which are hereinafter refer heirs or next of kin for plicant's participation in n, after careful considerable of participation and/or doctor of medicinal assistance and/or and/or treatment. I, also arred to above as released amage to property, which pacity to so act or cause have read the above we this release and sign belonged.	from their of play, or the cown risks no assibility for a convenants to a simple from the program and all athe Program aration I he are ceived a g in the Program are for dentistry treatment of so agree to see form all left may be in the ged aiver/released ow voluntar	own action the condition of reasonably the damages to indemnify the owners the owners treleasees, fire against any ms and/or be reby author, physical extend agree to save and hold iability, loss, imposed upon to be caused and unders ily.  Date:	is, inactions of of the premise. of the premise. It is following such and not to such es, managers and leasers of rom any and all claim by or or ing transported amination by a hereby give my ted personnel to be financially did harmless and second, cost, claim of me said released in whole or instand that (I) we see the presentation of the cost, claim of the second in whole or instand that (I) we see the presentation of the cost, claim of the cost,
Signature:	My	Commissio	n Expires:	

Attach a copy of your insurance card, front and back, to expedite medical treatment.

Notary Public

