



**KENTUCKY AMATEUR
SOCCER LEAGUE**

Team Name: _____

Youth Medical Release Form and Waiver / Hold Harmless Agreement

Player Information

Name _____ Gender _____ Birth date _____

Player Email _____ Player Mobile Phone _____

Citizenship _____ Country of Birth _____

Have you ever played soccer outside the US borders? Yes _____ No _____ If yes, approximate date of last game _____

Emergency Contact _____ Primary Phone _____

List any known allergies, including allergies to medicine _____

List any other medical problems or conditions _____

Parent or Legal Guardian Information

Primary Guardian _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Email _____ Employer _____ Occupation _____

Secondary Guardian _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Email _____ Employer _____ Occupation _____

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

I hereby give Kentucky Amateur Soccer League permission to publish and use pictures of which I may be included in whole or in part. If the person photographed is under 18, I certify that I am his or her parent or legal guardian and I give my consent without reservation to the foregoing on his or her behalf to publish and use pictures on our website, in brochures, promotional materials or any other documents utilized to further the mission and goal of KASL as defined in our mission statement.

Signature of Parent or Guardian _____ Date _____

Kentucky Amateur Soccer League
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