

# BSA Emergency Medical Form



Player Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

List one additional Emergency Contact, other than the parents (*Name, Relationship, Phone Number*):

\_\_\_\_\_

Any medical problems which should be noted and known allergies including any allergies to medicine:

\_\_\_\_\_

Primary Physician (*Name & Phone*): \_\_\_\_\_

Preferred Emergency Facility: \_\_\_\_\_

## **Consent to Participate**

I hereby voluntarily permit my child to participate in activities or programs (i.e. tryouts, practices, games, tournaments, etc.) presented by Bees Soccer Academy (“BSA”), CVSA, USYSA, OHTSL, OYSAN and USSF. **I understand and fully accept that there are risks involved in youth sports and that accidents and injuries are common and ordinary occurrences and that conditions of playing fields and facilities are beyond the control of the above name entities. I hereby accept any and all risks of injury or death as a result of such participation.**

(Initial Here) \_\_\_\_\_

## **Release and Waiver of Liability**

As consideration for being permitted to participate in the above activities, **I hereby release and hold harmless** BSA, CVSA, USYSA, OYSAN and/or USSF staff, volunteers, coaches, program officials, board members, or their agents from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to me or my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with me or my child’s participation. I further agree that this waiver, release, and assumption of risks are to be binding on the heirs and assigns of the undersigned. I further agree to indemnify BSA, CVSA, USYSA, OHTSL, OYSAN and/or USSF (their officer, employees, agents and volunteers) free and harmless from any loss, damage, liability, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in the activities. I hereby grant permission to any team, club, league or associate coach or official to administer first aid, call for medical help, and/or transport me or my child to a suitable medical facility for professional emergency aid, in the event I or my child is injured or becomes ill in any way during a presented activity. I agree to pay all medical, hospital, or other expenses which I or my child may incur as a result of such treatment.

(Initial Here) \_\_\_\_\_

## **Declination of Medical Treatment (Optional)**

Having read the above, I hereby decline to give permission for any emergency medical treatment on religious, personal, or other grounds. I realize that this means in the event of illness or injury, the above-named player will not be treated by professionals until and unless I am contacted. Therefore, I waive all right including the right to pursue legal action against any coach, an official of any association, and/or referees, any entities responsible for the playing fields and facilities, any medical personnel or medical facility and accept full personal responsibility for the risks and the outcome.

(Initial Here if you wish to **decline** permission of medical treatment) \_\_\_\_\_

I have carefully read this agreement/release and fully understand its contents. I am aware that this is a release of liability and a contract between me and the above-named entities, and sign of my own free will.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_