



# LIBERTY FC Medical Release and Authorization Form

*This form is valid for ONE year from the date signed below*

**Player's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(as written on birth certificate)

Country of Birth \_\_\_USA Other: \_\_\_\_\_ Country of Citizenship If Not USA \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ HS Grad Year \_\_\_\_\_ Player's Cell # (optional) \_\_\_\_\_

**Parent's Contact Information:** Best phone # to call in an emergency \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Email \_\_\_\_\_

Emergency contact name and number other than parent's \_\_\_\_\_

**Medical Info:**

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy ID # \_\_\_\_\_

**Medical History:** List known allergies, surgeries or any medical conditions Liberty FC coaches and staff should be aware of

\_\_\_\_\_  
\_\_\_\_\_

**Medical Consent:** I hereby give my consent to have an athletic trainer, coach, paramedic and/or doctor of medicine or dentistry provide medical assistance and /or treatment and agree to be financially responsible for reasonable cost of such assistance and/or treatment. The authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists concur in the necessity for the surgery and these opinions are obtained before the surgery is performed. Attempts will be made to contact the parents of the players based on the information provided on this form. Facts concerning the player's medical history, including allergies, medications or physical ailments to which a physician should be alerted that is listed above.  I agree  I do not agree

**Waiver of Liability:** Recognizing the possibility of physical injury associated with soccer and in consideration for the Ohio Youth Soccer Association, North/ US Youth Soccer/ USSF and its affiliates accepting the registrant for this program, I hereby release, discharge and otherwise indemnify Liberty FC, Ohio Youth Soccer Association, North/US Youth Soccer/USSF, its affiliated organizations and sponsors, their employees, volunteers and associated personnel, including the owner of fields and facilities utilized by the program against claim by or on behalf of the registrant as a result of participation in the program.  I agree  I do not agree

**Publicity Release:** I hereby give my consent for publicity releases that may include my child's picture and/or their name.  I agree  I do not agree

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_