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SOUTH DAKOTA SOCCER MEDICAL RELEASE

Club Name _____ City _____ State _____

I hereby consent to the above-named club registering me with South Dakota State Soccer. I understand that the insurance provided by South Dakota State Soccer is a secondary insurance

Player's Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

PLAYER'S MEDICAL INFORMATION

Player's Name _____ Birth Date _____
Street Address _____ City _____ State _____ Zip _____
Email Address _____

Father's Name _____ Home Phone () _____ Bus Phone () _____
Mother's Name _____ Home Phone () _____ Bus Phone () _____

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

Name _____ Home Phone () _____ Bus Phone () _____
Name _____ Home Phone () _____ Bus Phone () _____

Allergies _____

Other Medical Conditions _____

Physician _____ Home Phone () _____ Bus Phone () _____
Medical/Hospital Insurance Company _____ Phone () _____
Policy Holder's Name _____ Policy Number _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

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 named club, South Dakota Soccer, US Youth Soccer, 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 South Dakota State Soccer programs and/or being transported to or from the same, which transportation I hereby authorize:

Signature _____ Date _____

(Relation to player: father, mother, guardian)