

# Player Medical Release Form

Player's Name: Nome do jogador Date of Birth: DATA DE NASCIMENTO SSN: Deixar em branco  
Address: Endereço City: CIDADE State: ESTADO Zip: CEP

## EMERGENCY INFORMATION

Father's Name: Nome do Pai Home Phone: TEL RES Work Phone: TEL TRABALHO  
Mother's Name: Nome da Mãe Home Phone: TEL RES Work Phone: TEL TRABALHO

In an emergency, when parents cannot be reached, please contact:

Name: CONTATO DE EMERGENCIA Home Phone: TEL RES Work Phone: TEL TRABALHO  
Name: CONTATO DE EMERGENCIA Home Phone: TEL RES Work Phone: TEL TRABALHO

Allergies: ALERGIAS

Other Medical Conditions: listar problemas médicos. Caso não tenha INSERIR = N/A

Player's Physician: Nome do Medico da Família / Clinica Home Phone: TEL Work Phone: TEL CLINICA

Medical and/or Hospital Insurance Company: IMG GLOBAL Phone: 1 800 732 5309

Policy Holder: IMG GLOBAL Policy #: FLU2019 Group #: FLUMINENSE

## PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/US Youth Soccer and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/US Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Assinatura do responsável