

Kentucky Amateur Soccer League
Medical Release Form and
Waiver / Hold Harmless Agreement

Team Name: _____

Player Information

Name _____

Address _____ Cell _____

City _____ State _____ Zip _____ Phone _____ Email _____

Birth date _____ Date of last Tetanus Booster _____ Sex _____ Last 4 digits of Social Security # _____

Employer / Occupation _____ Office phone _____

US Citizen (Check One) Yes _____ No _____ Country of Birth _____

Have you ever played soccer outside the US borders even as a youth? Yes _____ No _____

If yes, approximate date of your last game _____

List any known allergies, including allergies to medicine _____

List any other medical problems or conditions _____

Person responsible for medical payments _____

Primary Insurance Carrier _____ Policy Number _____

Emergency Contact Information

Physician _____ Physician Phone _____

Emergency Contact _____ Home phone _____ Cell phone _____

I request that if I am incapacitated during LSA activities that I be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic, treatment or operative procedures and x-ray treatment of the above player. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named player.

In addition, I, agree that I will abide by the rules of the USASA, it's affiliate organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USASA me the player for its soccer programs and activities I hereby release, discharge and/or otherwise indemnify and hold harmless the USASA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs and activities, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and activities and/or being transported to or from the same, which transportation I hereby authorize. I further acknowledge that this registration binds the player to the club for the seasonal year.

I hereby give Louisville Soccer the absolute permission to publish and use pictures of which I may be included in whole or in part. Publish and use pictures on our website, brochures, promotional materials or any other documents utilized to further the mission and goal of LSA and LSC, as defined in our mission statement.

Signature of Player _____ Date _____

Signature of Parent or Guardian, if player is under 18 _____ Date _____

Kentucky Amateur Soccer League
P.O. Box 34113 – Louisville, KY 40232-4113
Telephone: 502.459.8070 Fax: 502.459.8069

Payment: _____