

**LSA/ LSC Adult Soccer Medical Release Form**  
**and Waiver / Hold Harmless Agreement**  
(for under 20 players and above)

**Player Information**

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

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, its 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 permission to publish and use pictures of which I may be included in whole or in part. If the person photographed is under 18, I certify that I am his or her parent or legal guardian and I give my consent without reservation to the foregoing on his or her behalf to publish and use pictures on our website, in 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 \_\_\_\_\_

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