

LSA Developmental Medical Release Form and Waiver / Hold Harmless Agreement

Age Group: (Select One)

☐ **UNDER 4** - 2 & 3 Year Olds

☐ **UNDER 6** - 4 & 5 Year Olds

☐ **UNDER 8** - 6 & 7 Year Olds

Semester: (Select One)

☐ **FALL**

☐ **WINTER**- Mike Eimers Training Facility

☐ **SPRING**

☐ **SUMMER**

Practice Location: (Select One for Fall, Spring or Summer Semester)

☐ **EAST**- Westport Middle School/ Westport Rd.

☐ **WEST** - Carter Elementary/ Bohne Ave.

☐ **CENTRAL**- Seneca Place Nursing Home/ Dutchman's Ln

☐ **SOUTHEAST**- Bates Elementary/ Bardstown Rd.

Player Information

Name _____ Birth date _____ Sex _____

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 _____

Parent or Legal Guardian Information

Primary Guardian _____ **Relationship** _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Employer _____ Occupation _____ Office Phone _____

Secondary Guardian _____ **Relationship** _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Employer _____ Occupation _____ Office Phone _____

Emergency Contact Information

Person to notify other than parent _____ Home Phone _____ Cell Phone _____

As the parent or legal guardian of the above player, I request that in my absence the above named player 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 minor. 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, the above named player and I, as the parent or legal guardian of the above named player agree that I and the player will abide by the rules of the USYSA, USASA, its affiliate organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and USASA accepting the player for its soccer programs and activities I hereby release, discharge and/or otherwise indemnify and hold harmless the USYSA, 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 as provided for in KYSA rules.

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 Parent or Guardian _____ Date _____

Louisville Soccer Alliance, Inc.

P.O. Box 34113 – Louisville, KY 40232-4113

Telephone: 502.479.3344 Fax: 502.459.8069