

**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 \_\_\_\_\_

Recognizing the possibility of injury or illness, and in consideration for US Adult Soccer Association and members of US Adult Soccer Association accepting myself as a player in the soccer programs and activities of US Adult Soccer Association and its members (the "Programs"), I consent to participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Adult Soccer Association, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by me as a result of my participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation for myself to or from the Programs.

I have received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that I have or that may impact my participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide me with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

In addition, I hereby give Louisville Soccer permission to publish and use pictures of which I may be included in whole or in part. I give my consent without reservation to publish and use pictures on our website, in brochures, promotional materials or any other documents utilized to further the mission and goal of Louisville Soccer as defined in our mission statement.

Signature of Player \_\_\_\_\_ Date \_\_\_\_\_

**Louisville Soccer**  
P.O. Box 34113 – Louisville, KY 40232-4113  
Telephone: 502.479.3344 Fax: 502.459.8069

