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_____ Gender_____ Birth date_____

Citizenship_____ Country of Birth_____

Have you ever played soccer outside the US borders? Yes_____ No____ If yes, approximate date of last game_____

Emergency Contact_____ Primary Phone_____

List any known allergies, including allergies to medicine_____

List any other medical problems or conditions_____

Family Physician_____ Physician's Phone Number_____

Insurance Provider_____ Policy #_____

Parent or Legal Guardian Information

Primary Guardian_____Relationship_____

Address_____City_____State_____Zip_____

Home Phone_____Work Phone_____Mobile Phone_____

Email _____Employer_____Occupation_____

Secondary Guardian_____Relationship_____

Address_____City_____State_____Zip_____

Home Phone_____Work Phone_____Mobile Phone_____

Email _____Employer_____Occupation_____

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, 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 or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.
My player son/daughter has 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 my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.
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 Louisville Soccer 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