

North Kingstown Soccer Club  
Medical Release Form

Player' Name \_\_\_\_\_ U.S. Citizen Yes \_\_\_ No \_\_\_

Address: \_\_\_\_\_

City/State/ZipCode: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent's Phone(\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ cell  
Emergency phone number other than Parent/Guardian

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Primary Medical Insurance Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Known allergies or other pertinent medical information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recognizing the possibility of physical injury associated with soccer and in consideration for USYS/USS and its affiliates accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge, and /or otherwise indemnify USYS/USS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant \_\_\_\_\_ and/or \_\_\_\_\_ permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_.

Signature \_\_\_\_\_ My commission expires \_\_\_\_\_

Notary Public

Carefully read each item below and circle Y (YES) or N (NO).

1. Y N Have you ever been hospitalized? (explain)\_\_\_\_\_
2. Y N Have you ever had surgery? (type & year)\_\_\_\_\_
3. Y N Do you have any current medical illness (explain)\_\_\_\_\_
4. Y N Do you take medication regularly?(explain)\_\_\_\_\_
5. Y N Have you ever been denied participation in sports because of a physical exam? (explain)\_\_\_\_\_

Have you had or do you now have: If yes, explain

6. Y N Allergy to drugs/medication?
7. Y N Bee Sting Allergy?
8. Y N Epilepsy (fits/seizures)?
9. Y N Concussion (loss of consciousness/fainting)
10. Y N Severe Headaches/Migraine Headaches?
11. Y N Very bad (impaired) vision in one eye?
12. Y N Wear glasses or contacts?
13. Y N Hearing problem or loss?
14. Y N Collapsed Lung?
15. Y N Lung Disease?
16. Y N Heart Disease (trouble) or murmur?
17. Y N Chest pain with exercise?
18. Y N Dizziness or faintness with exercise?
19. Y N High blood pressure?
20. Y N Ulcer or stomach trouble?
21. Y N Kidney disease?
22. Y N Absence of one kidney?
23. Y N Hernia?
24. Y N If yes, has surgery been advised and done?
25. Y N (Boys) Absence of one or both testicles?
26. Y N Mononucleosis?
27. Y N Enlarged spleen?
28. Y N Hepatitis (yellow jaundice)?
29. Y N Diabetes?
30. Y N Rheumatic fever?
31. Y N Arthritis?
32. Y N A fracture (broken bone)?
33. Y N A serious ligament injury?
34. Y N Any cysts, tumors or deformities of the bone?
35. Y N Bone, ligament or joint surgery?
36. Y N Been advised surgery that was not done?
37. Y N Neck trouble (fractures, severe sprains, stiffness)?
38. Y N Separated or dislocated shoulder?
39. Y N Back trouble?
40. Y N Knee trouble?
41. Y N Severe ankle sprain?
42. Y N Stress fracture of any bone?
43. Y N Shin splints?

The responses given above are correct to the best of my knowledge.

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Signature of parent/guardian or of player over 18 years of age.