



Hicksville American Soccer Club
P.O. Box 114
Hicksville New York 11802

HASC MEDICAL RELEASE FORM

Players Name: _____

Address: _____

City/State: _____ Zip Code: _____

Date of Birth: ___/___/___ Social Security Number: ___/___/___

Emergency Information:

Parents Name: _____

Home Phone: (____) _____ Work or Cell(____) _____

Emergency Contact: _____ Phone Number(____) _____

Primary Medical Insurance Company: _____

Known allergies or other medical conditions: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for USYS/USS and it's affiliates, accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify USYS/USS, its affiliated field 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.

Parents Signature

Subscribed and sworn to before me this _____ day of _____, 20____.
