

**EAST HUDSON YOUTH SOCCER LEAGUE
HUDSON INVITATIONAL TOURNAMENT
MEDICAL RELEASE FORM**

(ALL PLAYERS PARTICIPATING MUST PROVIDE THIS FORM)

Function: **HUDSON INVITATIONAL TOURNAMENT JULY 17 AND 18, 2010**

Player's Name: _____ U.S. Citizen Yes _____ No _____

Address: _____

City/State/Zip: _____

Birth date: _____ Sex: _____ Team and Age Division _____

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 USYSA/USSF and its affiliates accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify USYSA/USSF, EHYSL, 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 capable of participating in the Programs.

Therefore, I grant _____ and/or _____
(Coach) (Team Manager)

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: _____

**THIS FORM MUST BE FILLED OUT, SIGNED AND PRESENTED AT REGISTRATION IN ORDER
FOR THE PLAYER TO PARTICIPATE IN THE 2010 HUDSON INVITATIONAL TOURNAMENT.
THERE WILL BE NO EXCEPTIONS MADE!**