



## Piedmont Youth Soccer Camps

### MEDICAL & LIABILITY RELEASE FORM

Player's Name: \_\_\_\_\_

Player's Date of Birth: \_\_\_\_\_

As the parent/legal guardian of the player named above, I hereby give my consent and permission for the player to participate in PYSL Soccer Camps and programs, and I hereby release and agree to hold harmless PYSL, its directors and staff for any injuries that may occur as a result of such participation. I hereby give my consent and permission for the player to be medically and/or surgically treated for injuries and/or illness of any kind or seriousness under the direction of PYSL officials, until such time as I can be contacted. Further, I give my consent and permission to the physician and/or hospital and/or other health care provider selected to provide medical or surgical treatment, including, without limitation, dental care, hospitalization, injection, anesthesia, invasive surgery or any other form or kind of medical or surgical care (emergency or otherwise) for the player. I understand that I will remain responsible for the cost of any medical care or treatment provided to the player.

Known allergies of this player, including any allergies to medicine:

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

Family Physician: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Home Phone: (        ) \_\_\_\_\_ Cell Phone: (        ) \_\_\_\_\_

Person to notify if parent/guardian is unavailable: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group Number: \_\_\_\_\_

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