



Loudoun Soccer Rec Team Medical Release



Team Name			Age Group/Grade:	
	Email	Phone Number		
Coach			Season: FALL / SPRING 20	
Assistant Coach				
Assistant Coach				

	Player Name	Emergency Contact	Phone Number	Family Physician	Phone Number	Medical Conditions (Allergies, etc.)	Parent Signature
1							
2							
3							
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20							

As the parent/guardian of the above child, I acknowledge that soccer is a contact/physical activity, and assume all risks and hazards incidental to such participation, including transportation to and from such activities.

I do hereby release and waive any and all claims or actions for damage or injury of whatever kind against Loudoun Soccer/Loudoun Youth Soccer Association, Inc.; Loudoun County Parks and Recreation, and owners/operators of facilities reserved by Loudoun Soccer outside of the county's allotment; contractors, instructors, staff, volunteers, and/or other participants arising from any activities of this sports program.

I further grant permission for emergency first aid to be given to this minor and for him/her to be taken to the emergency room of a nearby hospital in the event of serious injury. Permission is granted to the hospital and its staff to provide any treatment that a physician deems necessary for the well-being of this minor.