Vermont Soccer Association Medical Release Form

Player Information

Full Name:	
Date of Birth:	
Age Group/Team:	
Gender:	
Address:	
Parent/Guardian Name(s):	
Primary Phone:	
Secondary Phone:	
Email:	

Emergency Contact Information (Other than parent/guardian listed above)

Name:	
Relationship to Player:	
Phone (primary):	
Phone (secondary):	

Medical Information

Primary Care Physician:	
Physician Phone:	
Health Insurance Carrier:	
Policy/Member Number:	

Known Allergies:	
Current Medications:	
Chronic Conditions / Past Injuries:	
Other Relevant Medical Information:	

Consent for Emergency Medical Treatment

I, the undersigned parent/legal guardian of the above-named player, authorize the Vermont Soccer Association, its staff, coaches, volunteers, tournament officials, and/or designated representatives to consent to and obtain medical treatment for my child in the event of an injury, illness, or emergency during participation in any VSA activity, when I or my designated emergency contact cannot be reached.

I understand that every effort will be made to contact me prior to medical treatment, but if I cannot be reached, I consent to such treatment, including but not limited to, evaluation, diagnostic tests, anesthesia, surgery, and/or hospital admission as deemed necessary by licensed medical professionals.

I hereby release, discharge, and agree to hold harmless the Vermont Soccer Association, its officers, employees, agents, volunteers, and affiliated organizations from any claims, liability, or expenses arising out of or related to such medical treatment.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date:

Player Agreement (For players age 18 or older)

I, the undersigned player, acknowledge that I have provided accurate medical information and consent to emergency medical treatment as described above.

Player Printed Name:

Player Signature:

Date: