



TIMBERLANE YOUTH SOCCER LEAGUE

PO Box 3427, East Hampstead, NH 03826

Tel: 603-382-3344

E-Mail: nhtysl@timberlaneyouthsoccer.org

Website: www.timberlaneyouthsoccer.org

Serving the Youth of Plaistow, Atkinson, Sandown, and Danville

TIMBERLANE YOUTH SOCCER LEAGUE – MEDICAL RELEASE FORM

PLAYER/REFEREE INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

PARENT OR GUARDIAN INFORMATION

MOTHER'S/GUARDIAN NAME: _____ FATHER'S/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ CELL PHONE: _____

E-MAIL: _____ WORK NUMBER: _____

RELATIONSHIP TO PLAYER/REFEREE: _____

EMERGENCY CONTACT INFORMATION:

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ CELL PHONE: _____

RELATIONSHIP TO PLAYER/REFEREE: _____

MEDICAL ISSUES/ALLERGIES _____

MEDICAL DECLARATION/PERMISSION TO ADMINISTER ASSISTANCE:

I hereby attest to fact that to the best of my knowledge, my child does not have any condition, which prohibit or severely restrict his/her participation in Soccer nor have I been advised that he/she should refrain from participating in the type of activity associated with the sport of Soccer. In addition, I give permission to TYSL and /or any of its associates to seek medical or dental help for my child in case of accident in the event that I am unable to be contacted to give approval for such assistance. This care may be given under whatever conditions are deemed necessary to preserve life, limb or well-being.

LIABILITY RELEASE:

I, the parent/guardian of the player/referee, a minor child, agree that I will abide by the rules of the United States Youth Soccer Association (USYSA) its affiliated organizations and sponsors. Recognizing that there is a possibility of injury in the sport of Soccer, in consideration for the USYSA accepting the registration for its program/activities, hereby release, discharge and/or otherwise indemnify and hold blameless the USYSA, its affiliated organizations, sponsors, employees and associated personnel (including owners of the fields and facilities used for programs) against any claim by or on behalf of the registrant as a result of his/her participation in the program.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

DATE: _____