



Year Player Was Born _____
Year Player graduates from high school _____

***Olympic Development Program
 District VIII – Medical Release Form - 2009***

I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry for:

_____ (PLAYER LAST NAME, FIRST NAME) as it appears on birth certificate – NO NICK NAME

as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent. I also hereby release the California Youth Soccer Association, Inc. and affiliated organizations and personnel, owners of fields and facilities used by the Olympic Development Program against any claim by or on behalf of registrant as a result of the registrant's participation in the program, and/or being transported to and from, which transportation I hereby authorize.

Signature of Parent or Legal Guardian

Print name of Parent or Legal Guardian

Date

PLEASE TYPE OR PRINT LEGIBLE

THIS IS IMPORTANT INFORMATION

PLAYER INFORMATION

Please check this box if you have had an address change in the last 6 months. Otherwise, leave blank.

Name: _____		<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth: _____
Address: _____		City: _____		Zip: _____
Home Phone: () _____		Cell phone: () _____		
Player e-mail: _____				
Medical Insurance Carrier: _____				
Medical Card Number (do not send a copy of card) _____				
Club Team: _____			Coach: _____	

PARENT INFORMATION

Mother: Address: _____ Day phone () _____ Evening phone () _____ Cell phone () _____ E-mail: _____	Father: Address: _____ Day phone () _____ Evening phone () _____ Cell phone () _____ E-mail: _____
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