

**FREDERICK COUNTY YOUTH SOCCER ASSOCIATION  
MEDICAL RELEASE AND WAIVER OF LIABILITY**

\_\_\_\_\_ has my permission to participate in the Frederick County  
(please print participant's name)

Youth Soccer Association sponsored practices, events and games. I realize by participating in these activities, he/she may become injured. I certify that he/she is physically able to participate in a competitive soccer program.

I give my permission for any and all medical attention necessary to be administered to the above named participant in the event of an accident, injury or sickness, under the direction of the authorized person(s) named below until such time as I may be contacted. I also assume responsibility for payment of any such treatment.

In consideration of being permitted to participate in soccer activities, I do hereby for myself, and as parent and/or legal guardian of \_\_\_\_\_, my heirs,  
(please print participant's name)

executors, administrators, agents and assignees release and forever discharge event sponsors, coaches, the TJAY Soccer Inc., the Soccer Official Services, the Frederick County Youth Soccer Association, their agents, predecessors, successors and assigns, and all other persons involved in organizing and managing these events from all claims, demands, losses, damage actions, cause of action or suits at law or inequity of whatsoever kind of nature, arising out of soccer activities, including without limitation, any claims for personal injuries or losses to the aforementioned participant, which I may otherwise be able to assert either on my own behalf or on behalf of that aforementioned participant.

MOTHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE CO: \_\_\_\_\_ POLICY #: \_\_\_\_\_

AUTHORIZED PERSON(S): TJAY Coaches, Emergency Medical Personnel

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

MEDICATIONS/CONDITIONS: \_\_\_\_\_

\_\_\_\_\_  
(Print parent/legal guardian name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/legal guardian)