



**Western Region USSA
2009-2010 Medical Release**

Athlete Name _____ **Address** _____

City, State, Zip _____ **Birth date** _____

E Mail _____ **Cell Phone** _____

Parent _____ **Parent** _____

Cell Phone _____ **Cell Phone** _____

Home Phone _____ **Home Phone** _____

Work Phone _____ **Work Phone** _____

E Mail _____ **E Mail** _____

Insurance Coverage

Company _____ **Identification #** _____

Policy Number _____ **Expiration Date** _____

Medical History

Allergies _____

Medication _____

Other Medical Information _____

Foreign Coverage (for athletes traveling outside the U.S.)

We have verified with our insurance company that this policy is effective for care in foreign countries. Any additional information necessary is attached to this form. Our son/daughter will travel with a means of payment for medical services (e.g. credit card).

Athlete Medical Release

Athlete or Parent, if Athlete is under the age of 18 years, hereby authorizes USSA to secure hospital, medical, surgical and dental care or treatment and/or procedures for the above named athlete. Parent also consents that in the event of injury to the athlete, coaches can authorize that athlete to receive care, treatment and/or procedures, under the instructions and directions of the licensed physicians on call at the emergency room of the nearest hospital or emergency facility. USSA shall notify Parent at the earliest possible time before, during or after such care, treatment and/or procedures are authorized. Parent knowingly and voluntarily consents in advance to such care, treatment and or procedures to encourage the physicians and USSA to exercise their best judgment as to the requirements of such care, treatment and/or procedures. Parent specifically holds harmless and indemnifies USSA of and from any and all costs and/or claims of any nature arising out of the provision of such care, treatment and/or procedure.

Athlete Signature

Date

Parent or Guardian Signature

Date

Please send to:
Lester Keller USSA/Western Region
PO Box 100, 1 Victory Lane, Park City UT 84060 PH: 435-647-2036 Fax: 435-649-3613

