WISCONSIN YOUTH SOCCER ASSOCIATION

EVENT MEDICAL RELEASE FORM

2025-2026 SEASON

Participant's Name:_____ Date of Birth (MM/DD/YY):_____

Gender: ☐ M ☐ F Club: _____

Emergency Contact:_____ Emergency Phone:_____

Doctor:_____ Doctor Phone: _____

Medical Conditions: _____

Allergies:_____

IMPORTANT MEDICAL AND LIABILITY RELEASE – MUST BE SIGNED

Recognizing the possibility of injury or illness, and in consideration for the Wisconsin Youth Soccer Association (WYSA), US Youth Soccer and members of US Youth Soccer accepting me as a player in the soccer programs and activities of WYSA, US Youth Soccer and its members (the "Programs"), I consent to my participation in the Programs. Further, I release, discharge, and otherwise indemnify WYSA, US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of myself as a result of my participation in the Programs and/or being transported to or from the Programs, which transportation I authorize.

I have received a physical examination by a physician and has been found physically capable of participating in the Programs. I give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide me with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

I agree that if it appears that I may have sustained a concussion or head injury that I am to be removed from the competition until such time that a trained medical professional can examine me and approve my return to play soccer. In such case, I understand that I am to provide a written clearance for my return to play soccer.

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Signature:_____ Date:_____

Addendum only for those participants having sustained a possible concussion or head injury:

On (date)_____ I sustained a possible concussion or head injury. I have been examined by a trained medical professional and have been cleared to participate in soccer activities as of today.

Signature of Medical Professional:_____ Date:_____