OURAY COUNTY SOCCER CLUB

2026 | MEDICAL RELEASE FORM

Parent/Guardian Consent and Player Medical Release — US Youth Soccer Standard

Required: Complete all fields. Attach copies of both sides of your health insurance card. This form must be completed annually.

SECTION 1 — PLAYER INFORMATION

Player's Full Name | Date of Birth (MM/DD/YYYY) | Gender

Home Address | City | State | Zip

Team / Age Group | Jersey # | Coach Name

SECTION 2 — EMERGENCY CONTACT INFORMATION

Primary Parent / Guardian

Name | Relationship | Cell Phone

Home Phone | Work Phone | Email Address

Secondary Parent / Guardian

Name | Relationship | Cell Phone

Home Phone | Work Phone | Email Address

Additional Emergency Contacts (if parents/guardians cannot be reached)

Name | Relationship | Phone

Name | Relationship | Phone

SECTION 3 — MEDICAL INFORMATION

Player's Physician | Office Phone

Nearest Hospital / Preferred Facility | Hospital Phone

Known Allergies (enter NONE if none)

Medical Conditions / Special Needs (asthma, diabetes, heart conditions, etc.) — enter NONE if none

Current Medications (name, dosage, frequency) — enter NONE if none

SECTION 4 — HEALTH INSURANCE INFORMATION

Insurance Company

Insurance Phone

Policy Holder Name

Policy Number

Group Number

Action Required: Attach or upload a photo/scan of the FRONT and BACK of your health insurance card.

SECTION 5 — PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for Ouray County Soccer Club, US Youth Soccer, and their respective members accepting my son/daughter as a player in the soccer programs and activities (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify Ouray County Soccer Club, US Youth Soccer, their member organizations and sponsors, employees, associated personnel, and volunteers, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of my son/daughter as a result of his/her participation in the Programs and/or being transported to or from the Programs.

I hereby authorize the transportation of my son/daughter to or from the Programs. My son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice of any specific issue, condition, or ailment that may impact my child's participation in the Programs, as detailed in Section 3 above.

I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment in the event of injury or illness during the Programs, including emergency care, and I agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

I acknowledge that participation in soccer involves inherent risks of injury, and that Ouray County Soccer Club has taken reasonable precautions to minimize such risks. By signing below, I confirm that all information provided on this form is accurate and complete to the best of my knowledge.

Signature of Parent / Guardian | **Date**

Printed Name of Parent / Guardian

Printed Name of Parent / Guardian

SECTION 6 — PLAYER ACKNOWLEDGMENT (Players Age 18 or Older)

As a player age 18 or older, I hereby consent to my own participation in the Programs and execute the above release and indemnification on my own behalf. I confirm that all information provided above is accurate to the best of my knowledge.

Signature of Player (if age 18 or older) | **Date**