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“Medical Release Form”

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 (Print Legibly)

Coach/Team Official/Players Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Employment: _____ Phone #: Home (____) _____

Fax #: (____) _____ Cell #: (____) _____ Email: _____ Work (____) _____

Emergency Information: Spouse/Parent(s)/Legal Guardian(s) (Print Legibly)

Name: _____ Phone #: Home (____) _____

Work (____) _____

In an emergency when Spouse/Parent(s)/Legal Guardian(s) cannot be reached, please contact:

Name: _____ Phone #: (____) _____ Relationship: _____

Allergies: _____

Other medical conditions: _____

Medical and/or Insurance Company: _____

Policy number/Name of Policyholder: _____

Travel Approval and Medical Release:

I hereby give my consent to travel to and from and play in the Rainbow Youth Soccer League (RYSL) and any other affiliated Leagues or tournaments.

I assume all risks and hazards incidental to such participation, including transportation to and from all the fields the RYSL plays on and any fields the tournaments play on.

I do hereby waive, release, absolve, indemnify and agree to hold harmless the Rainbow Youth Soccer League and all the other affiliated soccer organizations, Clark County Parks and Recreation Services, City of Las Vegas, City of Henderson, the organizers, sponsors, supervisors, participants and any persons transporting my spouse or my/our child except to the extent and in the amount covered by accident or liability insurance.

I hereby authorize, if my Spouse/Parent(s)/Legal Guardian(s) are not available, any emergency treatment either on the practice field, the match field or surrounding area. I give my permission and authorize the coach, any competent trained medical/first aid personnel, athletic trainer, para-med, doctor of medicine or dentistry or hospital personnel to perform emergency medical assistance and/or treatment for any injuries, including the supervised travel to and from said function, and agree to be responsible financially for the reasonable cost of such assistance and or/treatment.

 (Coach/Team Officials/Parent(s)/Legal Guardian(s) Signature) (Team Name) (Age Group) (Date)