



**ASA YOUTH MEDICAL PLAY DOWN VERIFICATION FORM  
(Disabled or Physically Challenged Child)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Request Age Group \_\_\_\_\_ Current School/Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Additional Documents Required:**

\_\_\_\_\_ Physician's Statement \_\_\_\_\_ Medical Release \_\_\_\_\_ Proof of Age Document

**MEDICAL PLAY DOWN AGREEMENT TO HOLD HARMLESS**

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_

I hereby agree and acknowledge the following:

I agree to abide by the rules of ASA and its affiliated organizations and sponsors.

I recognize the inherent risk of serious or permanent physical injury and possible death associated with youth soccer activities and games. In consideration for ASA accepting the youth player's registration and participation in its sanctioned youth soccer leagues, tournaments and team travel activities ("youth programs"), I hereby release, discharge and/or otherwise indemnify and hold harmless ASA, its affiliated organizations and sponsors, volunteers, their employees and associated personnel, including the owners of fields and facilities utilized for the Youth Programs, against any claim, lawsuit or written demand, including but not limited to any claims for personal or physical injury or death, by or on behalf of the registrant as a result of the registrant's participation in the Youth Programs and/or being transported to or from the same, which transportation I hereby authorize. I authorize verification of the registrant's date of birth from legal records to be provided to an ASA authorized representative for the limited purpose of verifying the ASA player's age and identity. I consent to emergency medical care prescribed by a duly licensed Health Care Provider or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or registrant's well-being and I hereby agree to be financially responsible for all costs associated with such treatment. I have read this release and waiver of liability and fully understand the terms. I understand that I waive substantial rights by signing this form. I agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind. I sign this release form freely of my own free will.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date