

MEDICAL RELEASE FORM

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of player's birth

month	day	year

Date of last tetanus booster

month	day	year

Known allergies of this player, including any allergies to medicine:

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Any other medical problems which should be noted:

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Family Physician

--

 Phone

--

Parent/Guardian

--

 Home Phone

--

Work/Cell Phone

--

Parent/Guardian Address

--

 City, State Zip

--

Person responsible for charges, if differs

--

 Home Phone

--

Work/Cell Phone

--

Person responsible for charges address

--

 City, State Zip

--

Person to notify if parent/guardian unavailable

--

 Home Phone

--

Work/Cell Phone

--

Insurance Carrier

--

 Policy Number

--

Policy-holder's Name

--

 Group Number

--

Carrier's Phone Number

--

Signature of parent/guardian _____ Date _____



MULTIPLE ROSTER FORM

PLAYER INFORMATION		
Player Name: _____		
Player ID #: _____		Birthdate: _____
Address: _____		
City: _____		State _____ Zip: _____

PRIMARY INFORMATION	
Primary Club: _____	
Primary Registrar Signature: _____	
Primary Team #: _____	Coaches Signature: _____

SECONDARY INFORMATION	
Secondary Club: _____	
Secondary Registrar Signature: _____	
Secondary Team #: _____	Coaches Signature: _____

IOWA SOCCER ASSOCIATION APPROVAL	
Iowa Soccer Signature: _____	Date: _____

US Youth Soccer Rule 206: Multiple Rostering

A State Association may allow a player to be rostered on more than one youth team each seasonal year.

Iowa Soccer Association, Inc. Membership Rules

Youth players may only be registered to two Iowa Soccer sanctioned teams at any given time during the seasonal year; this is considered multiple rostering. One team must be designated as the primary team. The other team will be designated as the secondary team.

1. Multiple rostered players will be charged a registration fee for each designated team.
2. Each team is limited to three (3) secondary rostered players.
3. Players multiple rostered to a Level 3 team and a Level 1 or Level 2 team will have the Level 1/2 team designated as their primary team.
4. A multiple rostered player will have a player pass issued for each team. The roster will designate the primary and secondary teams.

THIS FORM MUST BE COMPLETED AND SIGNED BY ALL PARTIES CONCERNED AND RETURNED TO THE IOWA SOCCER PRIOR TO THE PLAYER COMPETING FOR ANY OF THE TEAMS LISTED ABOVE.