



## PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: Sloan Ohara Date of Birth: 08/03/23 Gender: Girls  
Address: 46028 Concord Drie City: Plymouth State: MI Zip: 48170

### EMERGENCY INFORMATION

Father's Name: David Ohara Home Phone: 248-425-7617 Work Phone: 248-425-7617  
Mother's Name: Risa Ohara Home Phone: 402-201-8049 Work Phone: 402-201-8049

In an emergency, when parents cannot be reached, please contact:

Name: Rosa Ohara Home Phone: 248-330-8751 Work Phone: 000-000-0000  
Name: Jerry Ohara Home Phone: 248-505-4846 Work Phone: 000-000-0000

Allergies: None

Other Medical Conditions: None

Player's Physician: Dr. Lacy Home Phone: 734-455-4600 Work Phone: 734-455-4600

Medical and/or Hospital Insurance Company: Aetna Phone: 866-267-1022

Policy Holder: RISA OHARA Policy #: W2026 28394 Group #: \_\_\_\_\_

**MSYSA Does NOT require a copy of the health insurance card**

**PLEASE COPY BOTH SIDES OF YOUR HEALTH INSURANCE CARD AND ATTACH TO THIS FORM**

### PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify 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 my player son/daughter as a result of my son's/daughter's 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 player 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, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. 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 and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Signature of Parent/Guardian



I understand that  
checking this box  
constitutes a legal  
signature

08/10/23

Date