



## South Region Boys and Girls ODP Camp/Trials 2019

This year in attempt to stream line regional documentation requirements we are initiating the following changes. Each state representative will sign this document stating they have collected ALL items for each player.

1. Region Medical Release form (Boys Only: UofA Collect)
2. Region Code of Conduct form
3. Copy of Medical Insurance card, front & back
4. Medical History Questionnaire form
5. Player Data form
6. Background Check on all staff. (Kid Safe form is required)
7. U of A Medical Mgmt Form (Boys Only: UofA Collect)
8. U of A Release Form (Boys Only: UofA Collect)

**The South Region will require that the team administrator has all player medical releases and copy of insurance with him/her at all times. (This can be online, a USB drive or paper)**

At team check in we will only require: Roster's (x2) with Jersey #'s

***By signing this document, I have verified all documents have been collected for each player.***

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State Association/Title

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Signature



## PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **EMERGENCY INFORMATION**

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Player's Physician: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical and/or Hospital Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

### **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

\_\_\_\_\_  
Date



### **Participants Agreement to Accept and Abide by Rules of the Program**

Players, coaches and chaperones participating in the Olympic Development Program with US Youth Soccer are exercising a privilege afforded them by US Youth Soccer in pursuit of Regional and National recognition as youth soccer players. These players must exhibit the maturity to be successful in this pursuit. Thus, the following guidelines and rules shall apply in all activities within the Olympic Development Program.

#### **I. GENERAL GUIDELINES:**

Participants are expected to conduct themselves at all times in a manner which is in keeping with representing US Youth Soccer and will not bring discredit upon the Association.

When traveling with the ODP Program, each participant is expected to dress appropriately as befits representing US Youth Soccer or as directed by the Coach.

Respect for property of others, adherence to the rules and guidelines as specified here or by the Coach/Administrator and observance of State and Federal laws are required for participation in this program.

#### **II. DISCIPLINE RULES:**

1. Substance use and/or possession thereof [drugs, alcohol, or, in the case of minors, tobacco] is cause for immediate dismissal from the program.
2. Persistent irresponsible and disrespectful behavior is cause for dismissal from the program.
3. Destruction of property or violation of State and Federal laws is cause for dismissal from the program.
4. Zero Tolerance on Hazing: defined as any activity that endangers the physical safety of another person, or produces mental or physical discomfort; causes embarrassment, fright, humiliation, or ridicule; or degrades the individual is cause for dismissal from the program and other programs of US Youth Soccer.
5. Failure to comply with any and all camp or team rules (curfew, attendance, dress code, schedules, etc.) may be cause for disciplinary action. Persistent failure will be cause for dismissal from the program for the remainder of the current season of this program and could affect a player's future participation.

**NOTE:** If dismissal from the program or an event occurs while traveling, the participant may be sent home immediately at the participant's cost by whatever means is most convenient for the Program Administrators. No reimbursement of program fees will be made to the dismissed participant or the participant's family.

**We, the undersigned, have read, understand and agree to abide by the above guidelines and rules. We also agree to accept actions taken for failure to abide by these guidelines and rules.**

\_\_\_\_\_  
(Please Print Participant's Name)

\_\_\_\_\_  
(Please Print Parent's or Legal Guardian's Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



Copy of both sides of your Insurance Card here:



**OLYMPIC DEVELOPMENT PROGRAM  
MEDICAL HISTORY QUESTIONNAIRE**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SEX \_\_\_\_ M \_\_\_\_ F

EMERGENCY CONTACT \_\_\_\_\_ HM PH (\_\_\_\_) \_\_\_\_\_ WK PH (\_\_\_\_) \_\_\_\_\_

PLEASE CIRCLE EITHER "YES" OR "NO" TO ALL QUESTIONS AND PROVIDE ADDITIONAL DETAILS WHERE REQUESTED. YOU MAY PUT DETAILS ON THE BACK OF THIS FORM IF NEEDED. ALL INFORMATION IS CONFIDENTIAL.

- 1) ARE YOU ALLERGIC TO ANY MEDICATION (ASPIRIN, PENICILLIN, SULFA, ETC)? **YES NO** (LIST) \_\_\_\_\_
- 2) DO YOU TAKE ANY PRESCRIBED MEDICATION ON A PERMANENT BASIS OR SEMI-PERMANENT BASIS (STEROIDS, BIRTH CONTROL PILLS, ANTI-INFLAMMATORIES, ANTIBIOTICS, ETC)? **YES NO** (LIST & GIVE REASON) \_\_\_\_\_
- 3) HAVE YOU EVER HAD ANY EPILEPTIC SEIZURE? **YES NO**
- 4) HAVE YOU EVER BEEN TOLD BY A DOCTOR THAT YOU HAVE EPILEPSY? **YES NO** (LIST MEDICATION) \_\_\_\_\_
- 5) HAVE YOU EVER BEEN TREATED FOR DIABETES? **YES NO**
- 6) HAVE YOU EVER BEEN TOLD BY A DOCTOR THAT YOU WERE ANEMIC? **YES NO** WHEN? \_\_\_\_\_
- 7) HAVE YOU EVER BEEN TOLD BY A DOCTOR THAT YOU HAVE SICKLE CELL ANEMIA? **YES NO**
- 8) HAVE YOU EVER BEEN TOLD BY A DOCTOR THAT YOU HAVE SICKLE CELL TRAIT? **YES NO** \_\_\_\_\_
- 9) DO YOU HAVE OR HAVE YOU EVER HAD HIGH BLOOD PRESSURE? **YES NO** (LIST MEDICATION) \_\_\_\_\_
- 10) DO YOU HAVE OR HAVE YOU EVER HAD THE FOLLOWING DISEASES?  
 HEART DISEASE (HEART MURMUR, RHEUMATIC FEVER) **YES NO** (GIVE DATE) \_\_\_\_\_  
 LUNG DISEASE (PNEUMONIA) **YES NO** (GIVE DATE) \_\_\_\_\_  
 KIDNEY DISEASE (INFECTIOUS) **YES NO** (GIVE DATE) \_\_\_\_\_  
 LIVER DISEASE (MONONUCLEOSIS, HEPATITIS) **YES NO** (GIVE DATE) \_\_\_\_\_
- 11) DO YOU HAVE OR HAVE YOU EVER BEEN TOLD BY A DOCTOR THAT YOU HAVE ASTHMA? **YES NO** (LIST MEDICATION) \_\_\_\_\_
- 12) DO YOU HAVE OR HAVE YOU EVER HAD A HERNIA OR "RUPTURE"? **YES NO** HAS IT BEEN REPAIRED? \_\_\_\_\_ DATE \_\_\_\_\_
- 13) HAVE YOU EVER BEEN "KNOCKED OUT"(UNCONSCIOUS) IN THE PAST 3 YEARS? **YES NO** (LIST DATES) \_\_\_\_\_
- 14) HAVE YOU EVER HAD A CONCUSSION OR OTHER HEAD INJURY IN THE PAST 3 YEARS? **YES NO** (LIST DATES) \_\_\_\_\_
- 15) HAVE YOU STAYED OVERNIGHT IN THE HOSPITAL DUE TO A HEAD INJURY? **YES NO** (LIST DATES) \_\_\_\_\_
- 16) HAVE YOU EVER HAD A NECK INJURY INVOLVING BONES, NERVES, OR DISKS THAT DISABLED YOU FOR A WEEK OR LONGER?  
**YES NO** TYPE OF INJURY \_\_\_\_\_ DATES \_\_\_\_\_
- 17) DO YOU WEAR GLASSES OR CONTACTS DURING COMPETITION? **YES NO**
- 18) DO YOU WEAR ANY OF THE FOLLOWING DENTAL APPLIANCES? **YES NO** (CIRCLE THOSE WHICH APPLY) PERMANENT BRIDGE, BRACES, REMOVABLE RETAINER, PERMANENT RETAINER, REMOVABLE PARTIAL PLATE, FULL PLATE, PERMANENT CROWN OR JACKET?
- 19) HAVE YOU HAD A BROKEN BONE OR FRACTURE IN THE PAST 2 YEARS? **YES NO** \_\_\_\_ RIGHT OR \_\_\_\_ LEFT  
 WHAT BONE(S) \_\_\_\_\_ DATES \_\_\_\_\_
- 20) HAVE YOU EVER HAD A SHOULDER INJURY IN THE PAST 2 YEARS THAT DISABLED YOU FOR A WEEK OR LONGER? (DISLOCATION, SEPARATION, ETC) **YES NO** \_\_\_\_ RIGHT OR \_\_\_\_ LEFT TYPE OF INJURY \_\_\_\_\_ DATE \_\_\_\_\_
- 21) HAVE YOU EVER HAD SHOULDER SURGERY? **YES NO** \_\_\_\_ RIGHT OR \_\_\_\_ LEFT DATE \_\_\_\_\_  
 WHAT WAS DONE AND WHY? \_\_\_\_\_
- 22) HAVE YOU EVER INJURED YOUR BACK? **YES NO** TYPE OF INJURY \_\_\_\_\_ DATE \_\_\_\_\_
- 23) DO YOU HAVE BACK PAIN? **YES NO** (CIRCLE THOSE THAT APPLY) SELDOM, OCCASIONALLY, FREQUENTLY, WITH VIGOROUS EXERCISE, WITH HEAVY LIFTING
- 24) HAVE YOU INJURED YOUR KNEE IN THE PAST 2 YEARS? **YES NO** \_\_\_\_ RIGHT OR \_\_\_\_ LEFT DATE \_\_\_\_\_
- 25) HAVE YOU BEEN TOLD BY A DOCTOR OR ATHLETIC TRAINER THAT YOU INJURED THE CARTILAGE IN YOUR KNEE? **YES NO**  
 \_\_\_\_ RIGHT OR \_\_\_\_ LEFT DATE \_\_\_\_\_
- 26) HAVE YOU BEEN TOLD BY A DOCTOR OR ATHLETIC TRAINER THAT YOU INJURED THE LIGAMENTS IN YOUR KNEE? **YES NO**  
 \_\_\_\_ RIGHT OR \_\_\_\_ LEFT DATE \_\_\_\_\_
- 27) HAVE YOU HAD KNEE SURGERY? **YES NO** \_\_\_\_ RIGHT OR \_\_\_\_ LEFT WHAT WAS DONE? \_\_\_\_\_ DATE \_\_\_\_\_
- 28) HAVE YOU HAD A SEVERE ANKLE SPRAIN IN THE PAST 2 YEARS? **YES NO** \_\_\_\_ RIGHT OR \_\_\_\_ LEFT DATE \_\_\_\_\_
- 29) DO YOU HAVE A PIN, SCREW, OR PLATE IN YOUR BODY? **YES NO** LOCATED WHERE \_\_\_\_\_ DATE \_\_\_\_\_
- 30) DO YOU HAVE OTHER CONDITIONS THAT WE SHOULD BE AWARE OF (I.E. ULCERS, PREGNANCY, FOOD OR INSECT ALLERGIES, TENDINITIS, ETC)? **YES NO** (SPECIFY & GIVE DETAILS) \_\_\_\_\_
- 31) DATE OF LAST IMMUNIZATION: \_\_\_\_ TETANUS \_\_\_\_ POLIO \_\_\_\_ MUMPS \_\_\_\_ RUBELLA \_\_\_\_ MEASLES

**THE QUESTIONS ON THIS FORM HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ATHLETE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**OLYMPIC DEVELOPMENT PROGRAM  
PLAYER DATA FORM**

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ - \_\_\_\_ - \_\_\_\_ GENDER \_\_\_M \_\_\_F  
(MO) (DAY) (YR)

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE INITIAL)

STREET ADDRESS \_\_\_\_\_

PO BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PARENT NAME (S) \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ PLAYER'S CELL PHONE (\_\_\_\_) \_\_\_\_\_

DAD'S WORK PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

MOM'S WORK PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

PREFERRED EMAIL \_\_\_\_\_

NAME OF SCHOOL PRESENTLY ATTENDING \_\_\_\_\_

YEAR OF HIGH SCHOOL GRADUATION \_\_\_\_\_ GRADE POINT AVERAGE \_\_\_\_\_

TEST SCORES PSAT \_\_\_\_\_ PACT \_\_\_\_\_ SAT \_\_\_\_\_ ACT \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_ SHORT SIZE \_\_\_\_\_

CLUB TEAM \_\_\_\_\_

CLUB COACH'S NAME \_\_\_\_\_ PHONE NUMBER (\_\_\_\_) \_\_\_\_\_

PRIMARY POSITION (PLEASE LIST AT LEAST ONE SPECIFIC POSITION) \_\_\_\_\_

ARE YOU A US CITIZEN? YES \_\_\_ NO \_\_\_ (IF NO) CITIZEN OF \_\_\_\_\_

DO YOU HAVE A VALID & CURRENT PASSPORT? YES \_\_\_ NO \_\_\_ COUNTRY \_\_\_\_\_

PASSPORT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

**(ATTACH A LEGIBLE PHOTOCOPY OF YOUR PASSPORT TO THIS FORM)**

PLEASE LIST THE NAME OF THE MAJOR AIRPORT NEAREST YOUR HOME THAT YOU WILL WANT TO DEPART FROM FOR REGION III EVENTS \_\_\_\_\_