

# GYSL Emergency Contact and Medical Information | 2017

## Child and Parent Information

|                                |            |                                |            |     |   |
|--------------------------------|------------|--------------------------------|------------|-----|---|
| Child's Name _____             |            | Date of Birth _____            |            | M   | F |
|                                |            |                                |            | Sex |   |
| Parent's/Guardian's Name _____ |            | Parent's/Guardian's Name _____ |            |     |   |
| ( ) _____                      | ( ) _____  | ( ) _____                      | ( ) _____  |     |   |
| Home Phone                     | Work Phone | Home Phone                     | Work Phone |     |   |
| Address _____                  |            | Address _____                  |            |     |   |
| City, ST ZIP Code _____        |            | City, ST ZIP Code _____        |            |     |   |

## Alternative Emergency Contacts

|  |            |  |            |
|--|------------|--|------------|
| Primary Emergency Contact and relationship _____ |            | Secondary Emergency Contact and relationship _____ |            |
| ( ) _____  | ( ) _____  | ( ) _____  | ( ) _____  |
| Home Phone                                       | Work Phone | Home Phone   | Work Phone |
| Address _____                                    |            | Address _____                                      |            |
| City, ST ZIP Code _____                          |            | City, ST ZIP Code _____                            |            |

## Medical Information

|   |                     |
|---|---------------------|
| Hospital/Clinic Preference _____              |                     |
| Physician's Name _____                        | Phone Number _____  |
| Insurance Company _____                       | Policy Number _____ |
| Allergies/Special Health Considerations _____ |                     |

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

***We hereby agree that the Girard Youth Soccer League (GYSL), Soccer Association for Youth (SAY), its members, coaches and officers shall not be liable for any injury or loss that my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of GYSL or SAY and we agree to indemnify and hold harmless GYSL or SAY, its members, coaches, officers and designates of any claim whatsoever.***

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_