

# GYSL Emergency Contact and Medical Information | 2019

## 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 \_\_\_\_\_