



Michigan State Youth Soccer Association

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SOCCKER MEDICAL RELEASE

PLEASE PRINT

I hereby give my permission for any and all medical attention necessary to be administered to my child, (first) _____ (last) _____. In the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted, this release is effective for a period of one year from the date given below. I also assume the responsibility for the payment of any such treatment, including, but not limited to transportation for required treatment.

Parent/Guardian: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Office Phone: _____ Cell Phone: _____

Pager: _____ Other: _____

Name of Insurance Company: _____ Agent: _____

Policy Number: _____ Type: _____

In case I cannot be reached, any of the following people are designated to act on my behalf:

1. Coach _____
2. Assistant Coach/Manager _____
3. A league representative where my child is playing.
4. Any tournament representative where my child is participating in a US Youth sanctioned tournament.
5. Team Parent _____

In case I cannot be reached, please call _____ at _____

Our Physician's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Hospital: _____

Known Allergies: _____

Known Disabilities: _____

Other Important Medical Information: _____

Signature of Parent/Guardian: _____ Date: _____

Subscribed and sworn to before me, this _____ day of _____

NOTARY PUBLIC: _____ My commission expires: _____