



Michigan State Youth Soccer Association

OFFICIAL MSYSA FORM



SOCCER MEDICAL RELEASE

Updated form required for each Seasonal Year

THIS FORM MUST BE PRINTED OR TYPED

MSYSA 9401 GENERAL DR, SUITE 120 PLYMOUTH, MI 48170

I hereby give my permission for any and all medical attention necessary to be administered to my child,

(INSERT CHILD'S NAME)

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: _____

Relationship: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Office Phone: _____

Cell Phone: _____

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. Team Parent
- 4. A league representative where my child is playing
- 5. Any tournament representative where my child is participating in a US Youth sanctioned tournament.

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: _____, year: _____

NOTARY PUBLIC: _____ My commission expires: _____