ARIZONA YOUTH SOCCER ASSOCIATION

As the parent/legal guardian of _____ I request that in my absence the above-named player to be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependant. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of player's birth: _____/_____/_____ Date of last tetanus booster: _____/_____/_____
MONTH DAY YEAR MONTH DAY YEAR

Known allergies of this player, including any allergies to medication _____
_____

Are there any other medical problems that should be noted: _____

Family Physician: _____ Telephone: _____

Name of parent/legal guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (___) _____ (___) _____ (___) _____
HOME WORK CELL

Person responsible for charges (if different from above): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (___) _____ (___) _____ (___) _____
HOME WORK CELL

Person to notify if parent/guardian is unavailable: _____

Telephone: (___) _____ (___) _____ (___) _____
HOME WORK CELL

Insurance Carrier: _____ Policy number: _____

I HEREBY AUTHORIZE THE OFFICE, LEADER, OR COACH, AGENT(S) OF THE ARIZONA STATE YOUTH SOCCER ASSOCIATION TO TRANSPORT AS REQUIRED THE ABOVE MINOR TO AND FROM THE ASSOCIATION SPONSORED ACTIVITIES INCLUDING, BUT NOT LIMITED TO ATHLETIC AND SOCIAL EVENTS.

Parent/legal guardian signature: _____ Date: _____

STATE OF _____}
} ss. (Seal)
COUNTY OF _____}

On this ____ day of _____, 20___, before me personally appeared _____ (name of signer) whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above document.

Notary Public _____

My Commission expires: _____

****This document expires one year from the date of Notary, or the next playing season*****