

West Michigan Youth Soccer Association

MEDICAL RELEASE FORM

I, _____ hereby give my permission for any and all medical attention necessary to be administered to my child (name) _____ in the event of accident, injury or illness, 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 such treatment.

My address is: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

My insurance company is: _____

My policy number is: _____

In case I cannot be reached, any of the following is designated to act I my behalf.

- 1. Head 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 an US Youth sanctioned tournament

Our physician is _____

Address: _____

Telephone: (_____) _____

Known Allergies: _____

Medical Conditions: _____

Signature (Parent/Guardian): _____

Subscribed and sworn to before me this _____ day of _____, 20____

Signature

Expiration date