



Michigan State Youth Soccer Association

OFFICIAL MSYSA FORM



SWM Soccer Club - Medical Release Form

Updated form required for each Seasonal Year

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 _____

Phone Office: (____) _____ Home : (____) _____ Cell: (____) _____

Known Allergies: _____

Medical Conditions: _____

Signature (Parent/Guardian): _____ Date: _____