



# CCYSA

## Medical Release



**NOTE: This form is to be carried at all times by any regular season or tournament Team Manager together with team roster or eligibility affidavit.**

Player \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Parent or Guardian Authorization:**

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician).

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_

**In case of emergency, contact:**

Name	Phone	Relationship to player
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Name	Phone	Relationship to player
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Please list any allergies/medical problems, including those requiring maintenance medications (i.e. diabetic, asthma, seizure disorder)

Medical Diagnosis	Medication	Dosage	Frequency

The purpose of the above listed information is to ensure that medical personnel have details of any medical condition, which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

Mr. / Mrs. / Ms. \_\_\_\_\_

Authorized Parent / Guardian Signature

Warning: Protective equipment cannot prevent all injuries a player might receive while participating in Outdoor Soccer. CCYSA does not limit participation on the basis of race, color, creed, national origin, gender, sexual preference or religious preference.