



AYSO Hughesville Region 684

Medical Release & Coach information Form

Player's Name _____

Address _____

Parent/Guardian Name(s)

_____	_____	_____
Name	Home Phone No.	Cell Phone No.

_____	_____	_____
Name	Home Phone No.	Cell Phone No.

_____	_____
Doctor's Name	Phone No.

Medical Insurance Carrier _____

Known Allergies or other pertinent medical information _____

After practice(s) how will my child go home? (Parent pick-up/walk etc.)

Emergency authorization: I, the undersigned, parent or legal guardians of the participant, a minor, hereby authorize the coaches, assistant coaches, or team parent as my Agents, to consent to medical surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care of any hospital.

Parent/Guardian Signature

Date