



Michigan State Youth Soccer Association  
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**SOCCER MEDICAL RELEASE**

**PLEASE PRINT**

I hereby give my permission for any and all medical attention necessary to be administered to

my child, (first) \_\_\_\_\_ (last) \_\_\_\_\_.

In the event of accident, injury, sickness, etc., 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 any such treatment, including, but not limited to transportation for required treatment.

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Pager: \_\_\_\_\_ Other: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Type: \_\_\_\_\_

In case I cannot be reached, any of the following people are designated to act on my behalf:

1. Coach \_\_\_\_\_
2. Assistant Coach/Manager \_\_\_\_\_
3. A league representative where my child is playing.
4. Any tournament representative where my child is participating in a USYSA – sanctioned Tournament.
5. Team Parent \_\_\_\_\_

In case I cannot be reached, please call \_\_\_\_\_ at \_\_\_\_\_

Our Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Known Disabilities: \_\_\_\_\_

Other Important Medical Information: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_ My commission expires: \_\_\_\_\_