



# Peachtree City Youth Soccer Association

PTCYSA Lazars Select Soccer & PTCYSA Recreation Soccer



## MEDICAL RELEASE FORM

### PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

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, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. This release is effective for the period of one year from the date given below. I assume the responsibility for the payment of any such treatment.

MY ADDRESS IS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

MY INSURANCE COMPANY IS \_\_\_\_\_

MY POLICY NUMBER IS \_\_\_\_\_

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

1. COACH \_\_\_\_\_

2. ASST. COACH \_\_\_\_\_

3. TEAM MANAGER \_\_\_\_\_

4. A League Representative where my child is playing \_\_\_\_\_

5. Any Tournament Representative where my child is participating in a Tournament \_\_\_\_\_

OUR PHYSICIAN IS \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

KNOWN ALLERGIES \_\_\_\_\_

SIGNATURE (PARENT/GUARDIAN) \_\_\_\_\_

DATE \_\_\_\_\_

Subscribed and sworn to me before,

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public