SELECT SOCCER CLUB

Medical/Transportation Release Form

NAME		BIRTHDATE
ADDRESS	CITY	ZIP
MOTHER'S NAME	HOME PHONE	CELL PHONE
FATHER'S NAME	HOME PHONE	CELL PHONE
PHYSICIAN		PHONE
REGULAR MEDICATIONS		
DATE OF LAST PHYSICAL EXAM		
HOSPITAL PREFERENCE		CITY
Does you child have any specific health problems (i.e. vision or hearing loss, allergies, drug reactions, convulsions). **If YES**, please explain:		
INSURANCE COVERAGE (COMPANY)		
GROUP NUMBER	MEMBERSHIP NUMBER	

Medical Release: The undersigned parent/guardian of the above named minor do hereby authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

_____
PARENT/GUARDIAN NAME (PLEASE PRINT)

_____ _____
SIGNATURE OF PARENT/GUARDIAN DATE

Transportation Release:
The undersigned parent/guardian of the above named minor do hereby authorize coach, manager, other parent or agent of the NYSA to transport as required the above named minor to and from club sponsored activities including but not limited to athletic and social events; and, do grant permission for the above named minor to participate in all such activities.

_____ _____
SIGNATURE OF PARENT/GUARDIAN DATE

****

Notarization is only required for teams planning travel to out-of-state tournaments.

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me on the _____day of _____, 20 _____.

_____

Notary Public in and for the State of _____

Commission expires _____