

# Solanco Youth Soccer Association

## Parent Contact Info and Medical Release Form

Name of Player: \_\_\_\_\_

Parent(s) or Guardian(s) Names: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary email contact(s): \_\_\_\_\_

Emergency Contacts: (If parents can't be reached)

1. Name \_\_\_\_\_ Phone #(s) \_\_\_\_\_

2. Name \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Allergies: \_\_\_\_\_ Other Medical Conditions: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone#(s) \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Medical Hospital Insurance Co.: \_\_\_\_\_ Phone # \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_

**This Authorization for Emergency Medical Treatment must be completed in its entirety and signed by responsible party before Player may begin participation. Treatment for injury will be based on the information herein.**

I, the parent or guardian of the registrant minor or adult registrant of legal age agree that I and the registrant will abide by the rules of the Solanco Youth Soccer Association (SYSA) and the Eastern Pennsylvania Youth Soccer Association (EPYSA), its affiliated organizations and sponsors. I acknowledge that the registrant may suffer temporary or permanent physical injury, including, but not limited to sprains, fractures, brain or spinal damage, paralysis or even death while playing soccer or attending a practice, game, tournament, or scrimmage and in consideration for SYSA and EPYSA accepting the registrant for its soccer programs and activities (the "Programs"). I further acknowledge and understand that travel to from games and practices and tournaments by automobile or other means of transportation may be necessary and that such travel carries with it inherent risks of injury. With full knowledge of the above referenced risks, I hereby release, discharge and/or otherwise indemnify the SYSA and EPYSA, its affiliated organizations and sponsors, their coaches, managers and employees and associated personal, officers, directors, agents, including the owners and leasers of premises utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

I hereby give my consent to provide the applicant with medical treatment as follows:

(1) minor first aid treatment, as needed, by coach, team parent, officers or administrators of the SYSA and EPYSA and directors of the League, District officials, so as to minimize pain and swelling (i.e. administering bandages, antiseptic, antibiotic ointment, nonaspirin tablets, cold compresses, ice, etc.): and,

(2) emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry.

This care may be given under whatever conditions necessary to preserve life, limb or the well-being of the applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent Code of Conduct:

Solanco Youth Soccer Association implements a "Parent Code of Conduct", which **MUST** be followed by all coaches, players, parents, and their guests. A copy of this form is available for review on our website: [www.solancoyouthsoccer.com](http://www.solancoyouthsoccer.com)  
Please take the time to review this document on our website currently under Coaches' Corner Tab.