



MEDICAL RELEASE FORM

Parents: Complete this form and return it to your player's Coach or Team Manager.
Coaches/Managers: Keep forms with players at all LWYSA/WSYSA activities. In the event of injury requiring emergency medical attention, this form should accompany the player to the medical facility.

PERSONAL INFORMATION – PLEASE PRINT NEATLY

Player	Last _____ First _____	Birth Date	____ - ____ - ____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Mother	Last _____ First _____	Phone	Email _____		
Father	Last _____ First _____	Phone	Email _____		
Address			City _____	State _____	Zip _____
Alternate Contact	Last _____ First _____	Relationship _____		Phone _____	
Address			City _____	State _____	Zip _____
Physician	Last _____ First _____	Phone	Day _____	Emergency _____	
Local Hospital or Medical Facility Preference _____					
Insurance Carrier:		ID# _____			
Person responsible for charges (if different from above): _____					

MEDICAL HISTORY

Note: LWYSA may require a physician's release for participation

Allergies _____	Prescription Meds _____
Drug Allergies _____	Last Tetanus Booster _____ Date ____ - ____ - ____

Does player have any condition that could potentially limit his/her physical ability or increase risk of injury as a result of participating in athletic activities? Yes___ No___ If Yes, please explain: _____

PARENT'S CONSENT

As the parent or legal guardian of the above registered participant, I request that, in my absence, the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given any guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

I certify that the information provided above is true and accurate to the best of my knowledge.

Signature: _____ Date: _____
 Parent or Legal Guardian

NOTARY REQUIREMENT FOR LWYSA CROSSFIRE PREMIER TEAMS ONLY!

- Signature of Parent/Guardian Must Be Notarized:

State of _____ County of _____	<i>SEAL</i>
Sworn to and subscribed before me on the ____ day of _____	
Notary Public in and for the State of _____	
Signature: _____	
Commission expires: _____	