



ARIZONA YOUTH SOCCER ASSOCIATION

CONSENT FOR MEDICAL TREATMENT (MINOR)

I hereby give my consent for all medical care prescribed by a duly Licensed Doctor of Medicine for _____ as his/her Parent or legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

PLAYERS LAST NAME _____ FIRST NAME _____ MI _____
BIRTHDATE _____

Date: _____ Signed: **X** _____
Address: _____ Phone: _____
City: _____ Zip: _____

Parent/Guardian (Please Print) _____
Person To Notify in Emergency _____ Phone: _____
Doctor To Notify in Emergency _____ Phone: _____
Hospital Preference, If Any _____ City: _____
List Any Medical Problem or Prohibition Player Has _____

CONSENT FOR TRANSPORATION (MINOR)

THE UNDERSIGNED, PARENT/GUARDIAN OF MINOR _____
DOES HEREBY AUTHORIZE THE OFFICER, LEADER, OR COACH, AGENT(S)
OF THE STATE YOUTH ASSOCIATION TO TRANSPORT AS REQUIRED THE
ABOVE MINOR TO AND FROM ASSOCIATION SPONSORED ACTIVITIES
INCLUDING, BUT NOT LIMITED TO, ATHLETIC AND SOCIAL EVENTS.
Signature of Parent/Guardian: **X** _____

MEDICAL RELEASE NOTARY

(Recommended for In-State Play, Required for out-of-state)
Subscribed and sworn to me this day of:

_____ Month _____ Day _____ Year

My Commission Expires: _____