

# Azalea Youth Soccer League

*Providing a Quality Recreational Experience for Youth and Families*



## AZALEA YOUTH SOCCER LEAGUE MEDICAL RELEASE FORM

I, \_\_\_\_\_ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child \_\_\_\_\_ (Child's Name) In the event of accident, injury, or sickness, under the direction of the Azalea Youth Soccer League, including its coaches, staff, league officers and board members, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the term of my child's/children's enrollment in the 2011/12 season of the Azalea Youth Soccer League.

ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

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

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

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

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

Subscribed and sworn before me,

this \_\_\_\_\_ day of \_\_\_\_\_, 2011

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