



**PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM**

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***EMERGENCY INFORMATION***

Parent/Guardian

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PARENT/GUARDIAN CONSENT AND EMERGENCY AUTHORIZATION**

In an emergency, I hereby authorize each of the Coaches, Volunteer Team parents or other Officials of AYSO to act as my agents in the capacity of activity supervisors and vehicle drivers and I authorize each of them to consent to medical, surgical or dental examination and/or treatment for the above named player.

**I SIGN THIS FORM ON BEHALF OF PLAYER AND AGREE VOLUNTARILY AND WITHOUT INDUCEMENT**

**I agree to use an electronic signature and that any physical or electronic copy of this form can be used as if it was an original.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date