



I, _____ request that if I am injured and need to be admitted to any hospital or medical facility for diagnosis and treatment, I authorize physicians, dentists, nurses and other medical providers, duly licensed by the appropriate licensing entity, to perform any diagnostic, treatment, or operative procedures deemed medically necessary to preserve my life, limb, or well-being. Further, and ONLY for the specific medical needs stated above, I authorize and request that the coach, ASA office staff, or other agent(s) of the Arizona Soccer Association provide transport as required to and from the ASA sponsored activities, including but not limited to both athletic and social events. I have not been given a guarantee as to the results of examination or treatment. I also authorize the hospital or medical facility to dispose of any specimen or tissue taken from my body.

Date of birth: _____ / _____ / _____ Date of last tetanus booster: _____ / _____ / _____
MONTH DAY YEAR MONTH DAY YEAR

Known allergies including any allergies to medication: _____

Are there any other medical problems that should be noted: _____

Family Physician: _____ Telephone: (____) _____

Player Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Mobile Phone Number: (____) _____ Phone Number 2: (____) _____

Person responsible for charges (if different from above): _____

Address: _____ City: _____ State: _____ Zip: _____

Mobile Phone Number: (____) _____ Phone Number 2: (____) _____

Person to notify if parent/guardian is unavailable: _____

Mobile Phone Number: (____) _____ Phone Number 2: (____) _____

Insurance Carrier: _____ Policy number: _____

Player Signature: _____ Date: _____

****This document expires one year from the signature date or the next playing season****