

As the parent/legal guardian of		_, I reque	est that in m	ny absence the
above-named player be admitted to any hospital or me	dical facility for diagno	sis and tr	eatment. I	request and
authorize physicians, dentists, nurses and other medica	l providers, duly license	ed by the	appropriat	e licensing
entity, to perform any diagnostic, treatment, or operati	ve procedures deemed	l medical	ly necessar	y to preserve the
life, limb, or well-being of the above-named player. Fur	ther, and ONLY for the	specific	medical ne	eds stated
above, I authorize and request in my absence that the c	oach, ASA office staff,	or other	agent(s) of	the Arizona
Soccer Association provide transport for the above-nam	ned player as required t	to and fro	om the ASA	sponsored
activities, including but not limited to both athletic and	social events. I have n	ot been g	given a guai	rantee as to the
results of examination or treatment. I also authorize the	e hospital or medical fa	cility to	dispose of a	ny specimen or
tissue taken from the above-named player.				
Date of birth: / / Date of last term MONTH DAY YEAR	tanus booster: / MONTH [/ DAY YEA	R	
Known allergies of this player including any allergies to medic	ation:			
Are there any other medical problems that should be noted:				
Family Physician:	Telephone: ()			
Name of parent/legal guardian:				
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:			
Parent/legal guardian signature:		Date: _		
****This document expires one year from the p	arent signature date or th	e next pla	iying season'	****