

# Medical Consent Form

**Participant Name:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Emergency Phone #:(     ) - \_\_\_\_\_ - \_\_\_\_\_**

Emergency Info: Coaches carry this to all games in case of injury  
Please provide a person's name other than the parent/guardian to be contacted in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Physician \_\_\_\_\_ Policy ID# \_\_\_\_\_ Medical Insurance \_\_\_\_\_

Clinic Name \_\_\_\_\_ Phone# \_\_\_\_\_

Dentist \_\_\_\_\_ Policy ID# \_\_\_\_\_ Dental Insurance \_\_\_\_\_

Clinic Name \_\_\_\_\_ Phone# \_\_\_\_\_

Any Medical Problems/Limitations/Allergies \_\_\_\_\_

**Medical Consent**

As the parent/guardian of a participant in the USYSA-MYSA-STMA Soccer Club Programs, I hereby give my consent for emergency care as prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.	
<b>Parent or Guardian Signature</b>	<b>Date</b>
I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, MYSA, and it's affiliated organizations and sponsors. I also agree to abide by the rules of the STMA Soccer Clubs parent code of conduct. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and MYSA and STMA Soccer Club accepting the registrant for it's soccer programs and activities, I hereby release, discharge, and/or indemnify USYSA and MYSA and it's affiliated organizations, sponsors, their employees and associated personnel, STMA Soccer Club, STMA Soccer Club Board Members, Coaches, Trainers, and Sponsors of STMA Soccer club activities and programs, including the owners of the fields and facilities utilized by the organization against any claims by or on behalf of the registrant as a result of the registrant's participation in STMA Soccer Club sponsored activities including practice, games, camps and/or transportation to the same, which I authorize. I hereby consent to allow the registrant's photograph to appear in STMA Soccer Club newsletters, presentations, internet web page, newspaper publications and other related publicity promoting STMA Soccer Club Activities. I understand it is the club policy not to publish player's full name, address, telephone, or age on the Internet web page.	
<b>Parent or Guardian Name (Please Print)</b>	
<b>Parent or Guardian Signature</b>	<b>Date</b>
<b>Special Needs:</b> _____ _____ _____ _____	