



P.O. Box 235, Chepachet, RI 02814 401-626-GOBG



CONSENT FOR MEDICAL TREATMENT

I hereby give consent for (Name of Player) - _____ to be given necessary emergency medical treatment at the nearest available medical emergency room in the event of accident or illness during the 2013-2014 soccer season while participating for the Burrillville-Glocester Youth Soccer Association. Additionally, I give permission to the alternate emergency contacts listed below to make necessary treatment decisions if attempts to contact me have been unsuccessful.

| | |
|---|--|
| Date: | |
| Parent/Guardian Signature: | |
| Name of Parent/Guardian (Print): | |
| Address: | |
| Home Phone Number: | |
| Work Phone Number: | |
| Cell Phone Number: | |
| Pager Number: | |
| Name of Alternate #1: | |
| Phone Number of Alt. #1: | |
| Name of Alternate #2: | |
| Phone Number of Alt. #2: | |



Since 1981, BGYSA has been providing the opportunity for area youth to enjoy the spirit of teamwork and camaraderie while learning the skills of recreational soccer. The player will often progress into more competitive teams and become prepared for middle and high school levels of play.

WWW.BGYSA.ORG





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MEDICAL INFORMATION

List any of the above player's allergies, medical conditions and medications:

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GENERAL RELEASE

I acknowledge that participation in soccer competition carries with it potential hazard. Subsequently, I release the Burrillville-Glocester Youth Soccer Association, Coaches and members of the Board of Directors from any liability due to injury to the above player during the 2012-2013 seasons.

Parent/Guardian Signature: _____

Date: _____

(Each Coach is required to bring all players medical consent forms to every team practice & game.)

