



LAYSA Medical / Liability Waiver

PLAYER'S MEDICAL INFORMATION

Player's Name		Birth Date	
Street Address	City	State	Zip
Email Address			

Parent's Name	Home Phone ()	Bus Phone ()
Parent's Name	Home Phone ()	Bus Phone ()

In an emergency when parent/guardian cannot be reached, please contact the following:

Name	Home Phone ()	Bus Phone ()
Name	Home Phone ()	Bus Phone ()

Allergies

Other Medical Conditions

Physician	Home Phone ()	Bus Phone ()
Medical/Hospital Insurance Company		Phone ()
Policy Holder's Name		Policy Number

Medical Treatment Authorization and Liability Waiver

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify LAYSA, their sponsors, and affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in and event by LAYSA, LAYSA programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature _____

Date _____

(Relation to player: father, mother, guardian)