



# ARIZONA YOUTH SOCCER ASSOCIATION

### CONSENT FOR MEDICAL TREATMENT (MINOR)

I hereby give my consent for all medical care prescribed by a duly Licensed Doctor of Medicine for \_\_\_\_\_ as his/her Parent or legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

PLAYERS LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_

Date: \_\_\_\_\_ Signed: **X** \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian (Please Print) \_\_\_\_\_  
Person To Notify in Emergency \_\_\_\_\_ Phone: \_\_\_\_\_  
Doctor To Notify in Emergency \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital Preference, If Any \_\_\_\_\_ City: \_\_\_\_\_  
List Any Medical Problem or Prohibition Player Has \_\_\_\_\_

### CONSENT FOR TRANSPORATION (MINOR)

THE UNDERSIGNED, PARENT/GUARDIAN OF MINOR \_\_\_\_\_  
DOES HEREBY AUTHORIZE THE OFFICER, LEADER, OR COACH, AGENT(S)  
OF THE STATE YOUTH ASSOCIATION TO TRANSPORT AS REQUIRED THE  
ABOVE MINOR TO AND FROM ASSOCIATION SPONSORED ACTIVITIES  
INCLUDING, BUT NOT LIMITED TO, ATHLETIC AND SOCIAL EVENTS.  
Signature of Parent/Guardian: **X** \_\_\_\_\_

### MEDICAL RELEASE NOTARY

*(Recommended for In-State Play, Required for out-of-state)*  
Subscribed and sworn to me this day of:

\_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

My Commission Expires: \_\_\_\_\_