Coral Springs Youth Soccer Player Medical Form

|__|__|__|__|__|__|__|__|__|__|__|__|__| |__|__|__|__|__|__|__|__|__|__|
Players Last Name First Name

Male ___ Female ___ Birthdate |__|__|__|__|__|__|
Month Day Year

|__|__|__|__|__|__|__| |__|__|__|__|__|__|__|__|__|__|__|__|__|__|
House # Street Name

|__|__|__|__|__|__|__|__|__|__|__|__|__| |__|__| |__|__|__|__|__|
City State ZIP Code

Telephone Number |__|__|__| |__|__|__| |__|__|__|__|
Area Code

School Attending: ____

List Any Medical Problem or Prohibition Player Has: ________________________________

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School: ____________________ Clinic: _________________ Camp: _____________________

Parent/Guardian (please print): ____

Person to Notify in Emergency: _________________________________Phone: ____________

Alternate Emergency Contact: _______________________________Alt. Phone: ____________

Doctor to Notify in Emergency: _________________________________ Phone: ____________

Hospital Preference, If Any ____________________________________ City: ______________

THE UNDERSIGNED, PARENT/GUARDIAN OF MINOR _______________________DO HEREBY AUTHORIZE THE OFFICER, LEADER, OR COACH, AGENTS OF CORAL SPRINGS YOURTH SOCCER, INC., TO TRANSPORT AS REQUIRED THE ABOVE MINOR TO AND FROM CORAL SPRINGS YOUTH SOCCER SPONSORED ACTIVITIES INCLUDING BUT NOT LIMITED TO ATHLETIC EVENTS.

Signature of Parent/Guardian ____

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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.

Date: _______________ Signed: ____

Address: ____Phone: _____________

City: ____Zip: ______________