

## VYSA MEDICAL RELEASE FORM

As the parent/legal guardian of	, born		
As the parent/legal guardian of I hereby give my consent and permission for the pl	ayer named below to be medically and/or		
surgically treated for injuries and/or illness of any kind or seriousness under the direction of Team Officials with a valid USYS Member Pass, until such time as I can be contacted. Further, I give my consent and permission to the physician and/or hospital and/or other health care			
		provider selected to provide medical or surgical tre	
		care, hospitalization, injection, anesthesia, invasive	<b>O</b> , ,
or surgical care (emergency or otherwise) for the p	orayer.		
Known allergies of this player, including any allerg	ries to medicine		
Known anergies of this player, meruding any anerg	gies to inedicine		
Family Physician:	_ Phone: ( )		
Name of Parent/Guardian			
Address:			
City/State/Zip Code:			
Phone: (H) (Cell Phone)			
Person to notify if parent/guardian is unavailable:			
Phone:			
Insurance Carrier:			
Signature of Parent/Guardian			