

## Emergency Contact Form

Child's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ phone # \_\_\_\_\_

League \_\_\_\_\_ Age Group \_\_\_\_\_

Team \_\_\_\_\_ Coach \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

In an emergency, please contact \_\_\_\_\_

Doctor name and phone # \_\_\_\_\_

Medical Insurance company \_\_\_\_\_

Medical Insurance policy # \_\_\_\_\_

I, \_\_\_\_\_, the parent/legal guardian of my child,  
\_\_\_\_\_, give my permission for him/her to play soccer. I  
am aware of the fact that soccer is a physically demanding sport in which injuries may  
occur. In my opinion, my child is physically able to play soccer.

**I affirm that all of the information above is complete and correct.**

**I have read or been informed about the Rules and Regulations/  
Guidelines regarding the "No Dogs and No Smoking" policies. I  
understand this pertains to the practice and playing fields.**

**I agree to uphold and be bound by the MSYSA bylaws, policies and  
procedures.**

\_\_\_\_\_  
**Parent/guardian signature**

\_\_\_\_\_  
**date**