

# BGYSA CONSENT FOR MEDICAL TREATMENT

I Hereby give consent for (Name of Player): \_\_\_\_\_  
to be given necessary emergency medical treatment at the nearest available medical emergency room in the event of accident or illness during the 2009-2010 soccer season while participating for the Burrillville-Glocester Youth Soccer Association. Additionally, I give permission to the alternate emergency contacts listed below to make necessary treatment decisions if attempts to contact me have been unsuccessful.

Date:	
Parent/Guardian Signature:	
Name of Parent/Guardian ( <i>Print</i> ):	
Address:	
Home Phone Number:	
Work Phone Number:	
Cell Phone Number:	
Pager Number:	
Name of Alternate #1:	
Phone Number of Alt. #1:	
Name of Alternate #2:	
Phone Number of Alt. #2:	

## MEDICAL INFORMATION

*List any of the above player's allergies, medical conditions and medications:*

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## GENERAL RELEASE

I acknowledge that participation in soccer competition carries with it potential hazard. Subsequently, I release the Burrillville-Glocester Youth Soccer Association, Coaches and members of the Board of Directors from any liability due to injury to the above player during the 2009-2010 season.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(The team Coach is required to have all player medical consent forms with them at every team practice & game.)*