

Name of Player: _____

Parent(s) or Guardian(s) Names: _____

Home Address: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Primary email contact(s): _____

Emergency Contacts: (If parents can not be reached)

1. Name _____ Phone #(s) _____

2. Name _____ Phone #(s) _____

Allergies: _____ Other Medical Conditions: _____

Medications currently taking: _____

Physician: _____ Phone#(s) _____ Hospital Preference: _____

Medical Hospital Insurance Co.: _____ Phone # _____

Policy Holder's Name: _____ Policy # _____

Dentist: _____ Phone # _____

This Authorization for Emergency Medical Treatment must be completed in its entirety and signed by responsible party before Player may begin participation. Treatment for injury will be based on the information herein.

I, the parent or guardian of the registrant minor or adult registrant of legal age agree that I and the registrant will abide by the rules of the Solanco Youth Soccer Association of Pennsylvania (SYSA of PA) and the Eastern Pennsylvania Youth Soccer Association (EPYSA), its affiliated organizations and sponsors. I acknowledge that the registrant may suffer temporary or permanent physical injury, including, but not limited to sprains, fractures, brain or spinal damage, paralysis or even death while playing soccer or attending a practice, game, tournament, or scrimmage and in consideration for SYSA of PA and EYPSA accepting the registrant for its soccer programs and activities (the "Programs"). I further acknowledge and understand that travel to from games and practices and tournaments by automobile or other means of transportation may be necessary and that such travel carries with it inherent risks of injury. With full knowledge of the above referenced risks, I hereby release, discharge and/or otherwise indemnify the SYSA of PA and EYPSA, its affiliated organizations and sponsors, their coaches, managers and employees and associated personal, officers, directors, agents, including the owners and leasers of premises utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

I hereby give my consent to provide the applicant with medical treatment as follows:

(1) minor first aid treatment, as needed, by coach, team parent, officers or administrators of the SYSA of PA and EPYSA and directors of the League, District officials, so as to minimize pain and swelling (i.e. administering bandages, antiseptic, antibiotic ointment, nonaspirin tablets, cold compresses, ice, etc.); and,

(2) emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry.

This care may be given under whatever conditions necessary to preserve life, limb or the well-being of the applicant.

Signature: _____ **Date:** _____

Parent Code of Conduct:

Solanco Youth Soccer Association of PA implements a parent code of conduct, which MUST be followed by all coaches, players, parents, and their guests. A copy of this form is available for review on our website: www.solancoyouthsoccer.com Please take the time to review this document.