



International Youth Soccer Training

Player Medical Release Form

Player First Name : _____ Player Last Name : _____

Home Address: _____ City, State, Zip: _____

(Dad Name) _____ (Mom Name) _____

Phone: (H) _____ (W) _____ (C) _____

MEDICAL HISTORY

Does/has the camper:

If yes, please explain:

Y N have a current injury/illness?

Y N have a recurring illness/condition?

Y N ever been hospitalized?

Y N ever had seizures/convulsions?

Y N have diabetes?

Y N have asthma?

Y N have allergies?

Y N Is the camper taking any medications?

(I or We), the undersigned Parent(s)/Guardian(s) of _____ a minor, do hereby authorize International Youth Soccer Training, LLC and its representative or attending medical personnel as agents for the undersigned to consent to any X-Ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general medical supervision of, any physician and or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Paragraph 2000 et. seq.; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Paragraph 1600 et. Seq.

I understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide the authority and power on the part our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care. Which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of California Family Code Paragraph 6910.

(I or We), hereby authorize any hospitals, which has provided treatment to the above-named minor pursuant to the provisions of California Family Code Paragraph 6910, to surrender physical custody of such minor to my, our above mentioned agent(s) upon completion of treatment. This Authorization is given pursuant to California Health and Safety Code paragraph 1283. These authorizations shall remain in effective until August 31, 2004, unless sooner revoked in writing and delivered to said agent(s).

Signature of Parent/Guardian

Date

Print Name