



# CUSC PLAYER MEDICAL FORM



This form must be completed by player's parent/guardian and maintained by Coach/Team Manager for Soccer Season

Team Name:			
Year/Group:		Coach:	

### PLAYER INFORMATION

Name:			Birth Date:		Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address:			City:				
State:		Zip:		Email:			

### PARENT/GUARDIAN CONTACT INFORMATION

Parent:		Cell:		Receive Texts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email:		Home:		Work:		
Parent:		Cell:		Receive Texts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email:		Home:		Work:		

### EMERGENCY CONTACT INFORMATION

Name:		Phone #1:		Phone #2:	
Name:		Phone #1:		Phone #2:	

### PLAYER'S MEDICAL INFORMATION

Physician:		Phone #1:		Phone #2:	
Insurance Co:		Policy #:			
Phone No:		Group#:			

Please list player's allergies:	
Please list other medical conditions:	

### MEDICAL TREATMENT AUTHORIZATION

As the parent/legal guardian of \_\_\_\_\_, born \_\_\_\_\_, I hereby give my consent and permission for the player 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 treatment, including, without limitation, dental care, hospitalization, injection, anesthesia, invasive surgery or any other form or kind of medical or surgical care (emergency or otherwise) for the player.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Relation to Player:** \_\_\_\_\_

**NOTE: For the Advanced Program, this form does not have to be notarized.**

Sworn to and subscribed before me on: \_\_\_\_\_  
 Notary Public in and for the State of: \_\_\_\_\_  
 Notary Name: \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_