Lititz Youth Soccer Club, Inc.
2018 / 2019 Medical Release Form

With my signature, as parent or legal guardian, I give authority to the coaches listed below to oversee the medical treatment in the event of an accident, injury or sickness with respect to my child (named below) until such time as I can be contacted. I also assume full responsibility for payment of any and all medical treatment provided to my child.

Child's Name: _____Birth Date_____/_____/_____

Parent / Guardian: Name: _____

Address: _____

Home Phone: _____ Insurance Co. _____

Work Phone: _____ Policy # _____

Cell Phone: _____

Participant's Physician _____

Physician's Address _____

Physician's Phone _____

Participant's Known Allergies / Medical Conditions _____

_____

In case a parent / guardian cannot be reached, one of the following is designated to oversee the medical treatment until such time as a parent / guardian can be contacted.

Coach's name: _____ Phone # _____

Coach's name: _____ Phone # _____

Other's name: _____ Phone # _____

Parent / Guardian Signature: _____ Date: _____

**** THIS FORM MUST BE RETURNED WITH A SIGNED LYSC CONCUSSION POLICY ****