Michigan State Youth Soccer Association

OFFICIAL MSYSA FORM

THIS FORM MUST BE PRINTED OR TYPED
MSYSA STATE OFFICE - 9401 GENERAL DRIVE, SUITE 120, PLYMOUTH, MI 48170.

MICHIGAN OLYMPIC DEVELOPMENT SOCCER PROGRAM
PLAYER INFORMATION & MEDICAL RELEASE FORM

NAME: _____

Age: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Insurance Company: _____

Policy Number: _____

Please provide the name and number(s) of Parent/Legal Guardian who can be reached in case of emergency:

Name of Legal Guardian to be contacted: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Other: _____

Name of Second contact person: _____

Cell Phone: _____

Work Phone: _____

Other: _____

Please print the name of the athlete below:

_____ has my permission to attend The Michigan Olympic Development Soccer Program Training Sessions and Tryout Camp. Should the need for medical treatment arise, the director of the camp or athletic trainer has/have my permission to seek care at an emergency center at my expense.

PRINT THE NAME OF THE LEGAL GUARDIAN:

_____

_____ _____

Signature of Parent/Legal Guardian *Date*

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Please circle yes or no and provide additional details if yes is indicated. All information will remain confidential.

MEDICAL/HEALTH CONCERNS:

1. Do you have a medication allergy (penicillin, sulfa, aspirin)? YES NO

2. Do you have any other allergies (food, insect, etc.)? YES NO

3. Do you take any medication on a regular basis? YES NO

4. Have you ever been treated for diabetes? YES NO

5. Has a doctor ever told you that you have asthma? YES NO

6. Have you ever had a seizure or been told you have epilepsy? YES NO

7. Do you have or have you ever had high blood pressure? YES NO

8. Have you ever had surgery? YES NO

9. Have you ever stayed overnight in a hospital? YES NO

10. Have you ever injured your leg, arm, shoulder, or back? YES NO

11. Have you ever had a head or neck injury? YES NO

12. Do you have any other conditions we should be aware of? YES NO

THE QUESTIONS ON THIS FORM HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.

Signature of Parent/Legal Guardian *Date*