



As the parent/leg	al guardian of	I request that in my absence the above-	
named player to I	be admitted to any hospita	l or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, a	and
staff, duly license	d as Doctors of Medicine o	r Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic	
procedures, treat	ment procedures, operativ	re procedures and x-ray treatment of the above minor. This care may be given under whatever	r
conditions are ne	cessary to preserve the life	e, limb, or wellbeing of my dependent. I have not been given a guarantee as to the results of	
examination or tr	eatment. I authorize the h	ospital or medical facility to dispose of any specimen or tissue taken from the above-named	
player.			
Date of birth:		ast tetanus booster:/ MONTH DAY YEAR	
		MONTH DAY YEAR allergies to medication:	
Are there any oth	ner medical problems that	should be noted:	
	Family Physician:	Telephone:	
	Name of parent/legal gu	uardian:	
		City:State:Zip:	
	Telephone: ( )	HOME WORK CELL	
		harges (if different from above):	
	Address:	City:State:Zip:	
	Telephone: ( )	( )( )	
	Person to notify if paren	t/guardian is unavailable:	
	Telephone: ( )	( )( )	
Insurance Carrier	:	Policy number:	
COACH, AGENT(S ASSOCIATION SPO	) OF THE ARIZONA STATE S DNSORED ACTIVITIES INCLU	required for out of state travel per ASA Travel Policy. I HEREBY AUTHORIZE THE OFFICE, LEADE OCCER ASSOCIATION TO TRANSPORT AS REQUIRED THE ABOVE MINOR TO AND FROM THE JDING, BUT NOT LIMITED TO ATHLETIC AND SOCIAL EVENTS.	ER, OR
Parent/legal guar	dian signature:	Date:	
STATE OF		}}	
		} ss.	(Seal)
COUNTY OF		}	
On this day	of	, 20, before me personally appeared (name of signer)	
•	·	sis of satisfactory evidence to be the person whose name is subscribed to this document, and	
who acknowledge Notary Public:	ed that he/she signed the a	pove accument.	
My Commission 6	expires:		

\*\*\*\*This document expires one year from the date of Notary, or the next playing season\*\*\*\*\*