

VYSA MEDICAL RELEASE FORM

As the parent/legal guardian of		, born
I hereby give my consent and permission for the pla	ayer named bel	ow to be medically and/or
surgically treated for injuries and/or illness of any l		
Team Officials with a valid USYS Member Pass, un		
give my consent and permission to the physician are provider selected to provide medical or surgical tre		
care, hospitalization, injection, anesthesia, invasive		
or surgical care (emergency or otherwise) for the p.		other form of kind of medical
	,	
Known allergies of this player, including any allerg	ies to medicine	
Family Physician:	_ Phone: ()
Name of Parent/Guardian		
Address:		
City/State/Zip Code:		
Phone: (H) (Cell Phone)		
Person to notify if parent/guardian is unavailable:		
Phone:		
Insurance Carrier:		er:
Signature of Parent/Guardian		