

PlayersName: _____ D.O.B. _____

Address: _____ Telephone #: _____

Mother/Guardian: _____ Cell#: _____

Father/Guardian: _____ Cell#: _____

Emergency Contact: _____ Phone#: _____

Emergency Contact: _____ Phone#: _____

Players Physician: _____ Phone#: _____

Date of last Tetanus immunization: _____

Please indicate if the payer has any of the following:

	Yes	No	Explain if Yes
Bee Stings			
Asthma			
Allergies			
Medication Allergies			
Other			

In the event of a medical emergency and I cannot be reached, this authorization gives consent for Bow Soccer Club to seek emergency medical assistance as needed.

Comments/Exceptions: _____

Signature of Parent/Legal Guardian: _____

Date: _____