



**MFYSL Medical Release Form**  
M.F.Y.S.L. – Homeschool Soccer League

**Please print, except for signatures**

I hereby give my permission for any and all necessary medical attention to be administered to my children...

(children's names) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

...in the event of an accident, injury, sickness, etc, under the direction of the person(s) listed below until I can be contacted. This release is effective for one year from the date written below. I also assume the responsibility to pay for any such treatment.

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Pager: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy / ID Number \_\_\_\_\_

Group Number \_\_\_\_\_

Child's Physician \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Known Allergies \_\_\_\_\_

Any of the following may act on my behalf, if I cannot be reached,

1. A league representative where my child is playing
2. \_\_\_\_\_
3. \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Signature & Date : \_\_\_\_\_