

Liberty Hill Youth Soccer Association

PO Box 220

Liberty Hill, TX 78642

www.libertyhillsoccer.org

Medical Release Form

Form must be completed and submitted to LHYSA before player participates in league activities.

I, (name of parent or legal guardian) _____,
hereby give permission for any and all emergency medical attention necessary to be
administered to my child, (child's name) _____,
in the event of accident, injury, sickness, etc., while he or she is under the care of coaching
staff, referees or directors of the Liberty Hill Youth Soccer Association, until such time as I may
be contacted.

If I cannot be contacted, I give permission for treatment of my child as may be required and
determined by the appropriate health care professional who is present. Any coach, referee or
director of the Liberty Hill Youth Soccer Association has my permission to allow necessary
medical treatment for my child listed above. This release is effective during LHYSA practices and
games during the current soccer season.

I hereby assume responsibility for payment of such treatment and have included my child's
insurance information. LHYSA carries a secondary medical insurance policy on each player.

Primary Insurance Provider _____

Name of Policy Holder _____

Policy Number _____

Primary Care Physician _____ Phone _____

Preferred Hospital _____

Known allergies or medical conditions of child _____

Medications child is taking _____

Emergency Contact Name _____ Phone _____

Name of Parent/Legal Guardian _____

Signature _____ Date _____