

STYSA INVITATIONAL TOURNAMENTS

This is to certify that my son/daughter, _____, has my permission to participate in the STYSA Invitational Tournament. As the parent or legal guardian of the above named player, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed Doctors of Medicine or Doctor of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from above named person.

Date of child's birth: _____ Date of last Tetanus Booster: _____

Known allergies (including medication): _____

My child has the following medical problems that should be noted: _____

Family Physician: _____ Phone #: () _____
.....

Next of kin to notify: _____ Phone #: () _____

Close friend: _____ Phone #: () _____

Person responsible for charges: _____

Address, City, Zip: _____

Phone #: () _____ Office #: () _____
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Primary Insurance Carrier: _____

Policy #: _____

Secondary Insurance Carrier: _____

Policy #: _____
.....

parent/guardian

