

# 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 as 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 OF CHILD (INCLUDING MEDICATION) \_\_\_\_\_

MY CHILD HAS THE FOLLOWING MEDICAL PROBLEMS(S) WHICH SHOULD BE NOTED: \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_

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NEXT OF KIN TO NOTIFY \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_

CLOSE FRIEND \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_

PERSON RESPONSIBLE FOR CHARGES \_\_\_\_\_

STREET ADDRESS OR P.O. BOX \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_ Work PHONE NUMBER ( ) \_\_\_\_\_ Home

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PRIMARY INSURANCE CARRIER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

SECONDARY INSURANCE CARRIER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

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In witness of our consent and agreement to the medical authorization specified herein, we have subscribed our signatures on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Parent/Guardian