
PARENTAL PERMISSION TO TRAVEL AND MEDICAL AUTHORIZATION

This is to certify that my child, _____
Has my permission to travel with the Massachusetts Youth Soccer Association /
District Select Program's Under _____ Boys Girls Team to practices and
competitions. I understand that bus, automobiles and other means of travel may
be necessary. In the event of injury or illness to my child, I hereby grant
permission to a qualified physician to render such medical treatment as said
physician deems necessary under the circumstances.

My child has the following medical problems, which should be noted:

In case of emergency I can be reached at the following phone numbers:

Home: () _____ Work: () _____ Cell: () _____

The nearest friend or relative that can be reached in case I cannot be reached is:

Name: _____ Phone: () _____

Family Physician: _____ Phone: () _____

I hereby absolve the Massachusetts Youth Soccer Association and all of its
coaches, managers and others participating in the soccer activities from all liability
and will not hold them responsible for injury incurred to the above registered
person. I hereby give my approval for my child's participation in the
Massachusetts Youth Soccer Association's District Select Program.

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____