

Youth Soccer Travel Consent Form

Player Information

Player Name

Date of Birth

Team Name

Coach Name

Parent / Guardian Information

Parent/Guardian Name

Emergency Contact Number

Relationship to Player

Medical Information

Medical Conditions / Allergies

Medications

Insurance Provider & Policy #

Consent & Authorization

I, the undersigned
parent/guardian, authorize my
child to participate in the above
mentioned soccer team's travel
and related activities, and
consent to medical treatment in
case of emergency. I
acknowledge responsibility for
any medical costs.

Parent/Guardian Signature

Date