



**NORTH AUSTIN SOCCER ALLIANCE**  
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## NASA Medical Release Form

**(Give To Your Coach - DO NOT Turn In With Your Registration Form)**

This is to certify that my son/daughter, \_\_\_\_\_, has my permission to participate in the NASA / CAYSA / STYSA 2017/2018 soccer season and any tournament that the team might play in during the season. 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 Doctors 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 Problem(s) Which Should be Noted \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Next of Kin to Notify \_\_\_\_\_ Phone \_\_\_\_\_

Close Friend \_\_\_\_\_ Phone \_\_\_\_\_

Person Responsible for Charges (Father) (Mother) (Guardian) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Mobile \_\_\_\_\_ Pager \_\_\_\_\_

Primary Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Secondary Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

In witness of our consent and agreement to the medical authorization specified herein, I/We have subscribed my/our signature on the \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

Parent/Guardian(s) Signature(s) \_\_\_\_\_ Printed Name \_\_\_\_\_

State of Texas, County of \_\_\_\_\_ . This instrument was acknowledged before me on the \_\_\_\_\_ day

of \_\_\_\_\_ 201\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Notary Signature and Seal

**Coach:** Please make copies and have each player's parent/guardian complete, sign, notarize and return to you. Keep form with you during practice and games.  
**NOTE: Must be notarized to play in tournaments (USYS Rule).**