

Junior Irish Soccer Club

2010 Memorial Day Invitational Soccer Tournament

Medical Authorization

(Remains with Team – Not Required if Team has own Medical Authorization Form and Shown at Registration)

This is to certify that my child, _____, has my permission to travel with the _____ soccer team to the Jr. Irish Memorial Day Invitational Tournament in South Bend, Indiana. In the event of injury or illness to my child, I hereby grant authority to a qualified physician or dentist to render such medical treatment as said physician or dentist deems necessary under the circumstances, and to preserve the life, limb or well being of my dependent. I also understand and agree to pay for any such medical services that may be deemed appropriate and necessary.

Medications: _____

Allergies: _____

Parent/Guardian (please print): _____

Signature: _____