



# Mason Dixon Soccer League

P.O. Box 153  
Shrewsbury, PA 17361

*"Promoting soccer for the youth of the Community"*

I hereby give my permission for any and all medical attention necessary to be administered to my child \_\_\_\_\_ in the event of an accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also hereby assume the responsibility for payment of such treatment.

My Name

Address

Telephone Number (Home)

Telephone Number (Work)

My Insurance Co.

My Policy #

**In the event I cannot be reached, the following person(s) are so designated:**

Contact #1

Name

Address

Telephone Number

**Our Family Physician is :**

Name

Address

Telephone Number

Known Allergies :

Other Information :

Signed: \_\_\_\_\_ Date: \_\_\_\_\_