



**ASG Florida, L.L.C.**

2605 Noble Drive  
Tallahassee, Florida 32308  
(850) 567-5133  
(850) 222-8843 Facsimile

**EMERGENCY MEDICAL PERMISSION FORM**

**Player's Name:**

\_\_\_\_\_

**Home/Cell Phone:**

(\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State:**

\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Where Parents can be reached if not at home:**

Mother's Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

**List two neighbors or relatives to contact in the event parents cannot be reached:**

1. \_\_\_\_\_

Phone: \_\_\_\_\_

2. \_\_\_\_\_

Phone: \_\_\_\_\_

**Family Physician:** \_\_\_\_\_

Phone: \_\_\_\_\_

**Special health considerations, problems, restrictions or medication that the coaches/chaperones should be aware of:**

---

---

---

**Insurance Company and Policy Number:**

\_\_\_\_\_ Policy # \_\_\_\_\_

In the event of illness or accident to my child while he is on the trip, I hereby give authorization to Associated Soccer Group Florida's coach or trip chaperone to act in my place on behalf of my child. I understand that this permission will be used only in cases of emergency, and that every effort will be made on the part of the chaperones to contact me prior to the exercise of this authorization. I will further accept all responsibility for the decisions of Associated Soccer Group Florida's coach or trip chaperone and for any expenses incurred on behalf of my child in such an emergency.

\_\_\_\_\_  
**Signature of Parent or Guardian**

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_\_, 2007 by \_\_\_\_\_, such person personally known to me \_\_\_\_\_ or produced identification \_\_\_\_\_ (type of identification) \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida Printed Name of Notary Public

My Commission Expires: \_\_\_\_\_ Commission Number: \_\_\_\_\_