



Indiana Invaders Fall Classic

September 9-11, 2011

Medical Authorization

(This form or the team's own Medical Authorization Form must be shown at Tourney Check-in. Remains with Team.)

This is to certify that my child, _____, has my permission to travel with the _____ soccer team to the 2011 Indiana Invaders Fall Classic 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: _____