



## PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: OMAR HAJALI Date of Birth: 12/19/15 Gender: Boys  
Address: 43636 WESTMIISTER WAY City: Canton State: MI Zip: 48187

### EMERGENCY INFORMATION

Father's Name: ANMAR HAJALI Home Phone: 313-680-4020 Work Phone: 313-680-4020  
Mother's Name: NADA ALATA Home Phone: 313-680-3331 Work Phone: 313-680-3331

In an emergency, when parents cannot be reached, please contact:

Name: NORR ALATA Home Phone: 313-680-3330 Work Phone: 313-680-3330  
Name: MOE ALATA Home Phone: 313-680-2800 Work Phone: 313-680-2800

Allergies: N/A

Other Medical Conditions: N/A

Player's Physician: DR. KHATIB Home Phone: 313-624-3005 Work Phone: 313-624-3005

Medical and/or Hospital Insurance Company: BEAUMONT Phone: 800-843-4876

Policy Holder: NADA ALATA Policy #: MIGM61785681 Group #: \_\_\_\_\_

**MSYSA Does NOT require a copy of the health insurance card**

**PLEASE COPY BOTH SIDES OF YOUR HEALTH INSURANCE CARD AND ATTACH TO THIS FORM**

### PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

ANMAR HAJALI



I understand that  
checking this box  
constitutes a legal  
signature

Signature of Parent/Guardian

08/10/23

Date