



Parent's Certification and Authorization
For Release of Information

Players Full Name _____ DOB _____

Players Address _____

City _____ St ____ Zip _____

Players School _____

School Ph Number _____ School Fax Number _____

Player ID# _____ Coach _____

Coach Anytime Ph Number _____

Coach Email _____

Parent/Guardian Full Name _____

Parent/Guardian Anytime Ph Number _____

Parent/Guardian Email _____

I certify that my son/daughter listed above is ill with flu or flu syndrome and unable to play or practice soccer the week of _____, 20__; and that he/she is unable to attend school.

I hereby authorize South Texas Youth Soccer Association to verify his/her absences and illness with flu with the school listed above.

Parent Signature

TX DL # _____

Dated this _____ day of _____, 20__

For WDDOA Use
School Contact _____
WDDOA Contact _____
Return Fax Number _____
Date _____ Approved _____