



WASHINGTON YOUTH SOCCER
PARENT/GUARDIAN CONSENT AND PLAYER
MEDICAL RELEASE FORM



Player's Name: Date of Birth: Date of Last Tetanus Booster:

Address: City: State: Zip:

EMERGENCY INFORMATION

Parent/Guardian Name: Home Phone: Work Phone:

Parent/Guardian Name: Home Phone: Work Phone:

In an emergency, when Parent/Guardian cannot be reached, please contact:

Name: Home Phone: Work Phone:

Name: Home Phone: Work Phone:

(If necessary please use additional sheet and attach to form)

Have you ever been rendered unconscious or suffered a concussion? Yes / No How many times? When?

Have you ever suffered a back injury? Yes / No If yes when?

Have you ever been diagnosed, by a Doctor, with any serious medical conditions or any condition that may impact your ability to participate in athletic competitions? Yes / No If yes what and when?

Allergies:

Player's Physician: Home Phone: Work Phone:

Medical and/or Hospital Insurance Company: Phone:

Policy Holder: Policy #: Group #:

WASHINGTON YOUTH SOCCER
PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for the Washington Youth Soccer and members of Washington Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of Washington Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I release, discharge, and otherwise indemnify Washington 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, which transportation I authorize.

My player son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I have provided written notice, which was 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 doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Signature of Parent/Guardian

Date