



Medical Release Form and Waiver

All information must be completed

Player Name _____ Birth Date _____

Address _____

Home Telephone _____ Grade: _____

Emergency Contacts:

Parent / Guardian Name _____

Address (if different from above) _____

Telephone (Home) _____ (Cell 1) _____

(Cell 2) _____

Other Contact (Relative/Friend) _____ Telephone _____

Medical Info:

Doctor's Name _____ Telephone _____

Hospital Preference _____

Insurance Company _____ Policy # _____

Player's Medical Conditions*: This section must be completed for the player to participate. If there is a significant medical condition such as an allergy or other health issue, please briefly describe the condition and state whether the child may safely participate without a guardian present at practices, games and/or other events sponsored or authorized by the Weston Soccer Club ("WSC").

Please write "none" if it applies:

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Parent / Guardian Consent:

I am the parent or legal guardian of _____ . My child is participating in activities of the Weston Soccer Club ("WSC") with my permission.

In the event that I/we happen not to be present at a game or practice, including a tournament, I/we authorize WSC or other game personnel present, including but not limited to volunteer officials, team coaches and/or referees, to administer any first aid to our child that they reasonably believe to be advisable and, if they believe it to be advisable, to transport our child to a hospital or other healthcare facility to receive medical treatment. I agree not to hold WSC or any such persons responsible for my child's injury or treatment.

And I do hereby give my permission for the above named child to receive any and all medical treatment, assistance or care administered by any duly licensed or trained first responder, physician or hospital in the event of an accident, injury or sickness until such time as I may be contacted. I also hereby assume the responsibility for the payment of any such treatment for my child.

This release is in effect for 15 months from the date of its execution.

Parent / Guardian Signature _____

Date: _____