



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: _____

Have you ever been rendered unconscious or suffered a concussion? Yes / No How many times? _____ Date of last head injury: _____

Have you ever suffered a back injury? Yes / No If yes, when and describe? _____

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? Yes/No Describe: _____

Doctor to notify in Emergency: _____ Contact Info: _____

Medical 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