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: _____

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 #: _____

WA Medical Release Admin and Player Participant Release, Consent, and Medical Authorization

Recognizing the possibility of physical injury or illness, and in consideration for Washington Youth Soccer (WYS) and its member organizations accepting my child as a participant in the programs, activities, and events sanctioned by WYS (the "Programs"), I hereby give my consent for my child to participate in the Programs.

I hereby release, discharge, and agree to indemnify and hold harmless WYS, its member organizations, sponsors, officers, directors, employees, agents, volunteers, and associated personnel, including the owners and operators of fields and facilities utilized for the Programs, from any and all claims, demands, actions, or causes of action arising out of or related to my child's participation in the Programs, including transportation to and from the Programs, which transportation I hereby authorize.

In the event of injury or illness, I hereby give my consent for emergency medical care, including treatment by a licensed physician, athletic trainer, or other qualified medical professional, as deemed necessary for the health and safety of my child. I understand and agree that I am financially responsible for all reasonable medical expenses incurred as a result of such treatment.

_____ _____

Signature of Parent/Guardian Date