

Wayne Wings Soccer Club

Ontario NY

18TH ANNUAL INDOOR SOCCER TOURNAMENT MEDICAL RELEASE FORM

PLAYERS FULL NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____ DOB _____
TEAM _____ DIVISION _____

The above named soccer player has been granted permission to attend and participate in and with team, leagues, tournaments, camps, practices, and other soccer activities sponsored by the United States Youth Soccer Association and Wayne Wings Soccer Club.

The players has received a physical examination by a physician and is physically fit to participate.

In exchange for the privilege of the player participating in these activities. I waive and legal claim against those associated with these soccer activities in the event that the player is injured while participating in these soccer activities, and travel to and from the same.

I hereby give permission for any and all medical treatment necessary for my son/daughter in the event of an injury/accident under the discretion of medical personnel until I can be notified. This Medical information form is for the Wayne Wings Indoor Soccer Tournament held at Wayne Central High School on March 17th and March 18th, 2012. I release all persons associated with the Wayne Wings Soccer Club and Wayne Central School District from any and all legal responsibilities. I agree to be financially responsible for the cost of such assistant or treatment.

Known Medical Problems: _____

Physician _____ Telephone _____

Insurance Company _____ Policy # _____

In case of emergency, when parents cannot be reached, please contact:

Name _____ Phone _____

Print Parent Name: _____

Signature: _____