



# 24TH 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 player 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 any 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 April 14 and 15, 2018. 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: \_\_\_\_\_