

# CWSC Medical Release Waiver

---

## Participant Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

## Participant Medical Information:

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_

Insurance ID: \_\_\_\_\_

Allergies or Special Needs: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

## Parent/Guardian Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Medical Consent

As the parent/legal guardian, I request that, in my absence, the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor.

I agree to be responsible financially for the cost of such assistance and/or treatment.

## Release of Liability and Authorization to Transport

As parent/legal guardian I certify that my child/ward is in good health and able to participate in **Central Whidbey Soccer Club** programs and activities ("Programs"). In consideration for **Central Whidbey Soccer Club** and its affiliates accepting the player named above ("Player") for the Programs, I hereby for myself, my child/ward, and our heirs, executors, administrators and personal representatives, release, discharge, waive, hold harmless and/or otherwise indemnify **Central Whidbey Soccer Club** its Board Members, agents, employees, coaches, managers, contractors, and other volunteers, affiliated organizations, sponsors, and their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, from any and all liability and/or claims by or on behalf of the Player as a result of the Player's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

PLAYER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AND, unless Player is over 18 years of age:

GUARDIAN'S NAME: \_\_\_\_\_

GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_