



## AUTHORIZATION TO PLAY, MEDICAL RELEASE & WAIVER FORM

Please return signed copy of completed form to Team Coach or Manager

With the signature below, permission is granted for \_\_\_\_\_(player) to participate in all practice sessions, games and other activities involving West Seattle Soccer Club (WSSC) during the \_\_\_\_\_(Spring / Fall) 20\_\_\_\_ Season. This permission extends to any travel to and from any and all practice sessions, games and other activities sponsored and arranged by WSSC.

This permission is granted without reservation. Recognizing the risks presented by the competitive contact sport of soccer, the signature below indicates a knowing, voluntary release of any claim which might be asserted against WSSC, its officers, assistants, coaches, trustees, sponsors, chaperones, drivers, volunteers and any and all other agents representing WSSC or HSA and its officers, agents or representatives, or the local league organization of which WSSC is a member.

By waiving any right to assert a claim, I am agreeing to release, absolve, indemnify and hold harmless any and all parties previously mentioned for any and all liability arising from any injuries incurred by participant in relationship to the sponsored and arranged activities of WSSC. My waiver expressly means that I, participant's parent or legal guardian, accept and assume all risks and hazards inherent in and related to the activities of WSSC including any travel to and from any activities sponsored and arranged by WSSC.

**This permission also includes my agreement to abide by all the rules and regulations of WSSC.**

This permission also includes my authorization for emergency medical treatment deemed appropriate and necessary by any coach or representative or agent thereof for participant, including transport to the nearest medical facility adequate to treat the emergency.

### Player's Primary Physician or Medical Provider

\_\_\_\_\_  
Phone\_\_\_\_\_

Health Plan & Plan #\_\_\_\_\_

Regular Medications\_\_\_\_\_

Allergies and/or Medical Conditions\_\_\_\_\_

Emergency Contact(s)

\_\_\_\_\_  
Phone\_\_\_\_\_

\_\_\_\_\_  
Phone\_\_\_\_\_

\_\_\_\_\_  
Phone\_\_\_\_\_

**I have read this Authorization to Play, Medical Release & Waiver, and acknowledge that I understand and agree to be bound by it.**

Date\_\_\_\_\_ Players Name\_\_\_\_\_

Parent/Guardian Printed Name\_\_\_\_\_

Parent/Guardian's Signature\_\_\_\_\_