



WEST VIRGINIA SOCCER ASSOCIATION

PO BOX 3360 – BECKLEY, WV 25801

800-894-9872 ext: 301 * 304-252-9872 * 304-252-9878 (FAX)

Web: www.wvsoccer.net Email: cups@wvsoccer.net



MEDICAL RELEASE FORM

Function: _____

Players Name: _____ U.S. Citizen: Yes ___ No ___

Address: _____

City/ State/ Zip Code: _____

Birth date: _____ Sex: _____ Social Security Number: _____

Parent's Phone: Home: (____) _____ Cell: (____) _____

Emergency phone number other than Parent/ Guardian: _____

Name: _____ Phone: (____) _____

Primary Medical Insurance Company: _____

Policy Number: _____

Known allergies or other potential medical information: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for USYS/ USS and its affiliates accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify USYS/USS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant _____ and/ or _____ permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of Parent/ Guardian: _____ Date: _____

Subscribed and sworn to me this _____ Day of _____

Signature _____ My commission expires _____

Notary Public