



NORTH WHIDBEY SOCCER CLUB

Post Office Box 2896, Oak Harbor, WA 98277
wys-nwsc.affinitysoccer.com

Please use one form per player – print or type clearly.

Medical Release Form

Player's Name: _____ Birth Date: _____ Sex: M / F

Parents' Names: _____

Mailing Address: _____ City: _____

Home Phone: _____ Cell Phone: _____

Father's Work Phone: _____ Cell Phone: _____

Mother's Work Phone: _____ Cell Phone: _____

Family EMAIL ADDRESS: _____

In case of emergency and parents are unreachable, notify:

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

Medical Insurance Company: _____

Phone: _____ Group Name/Number: _____

Policy Number: _____

Medical Consent Agreement

As a parent/guardian of the child above, I understand that soccer is a strenuous and potentially dangerous sport. By my signature below, I do hereby consent to my child's participation in North Whidbey Soccer Club programs and activities. I do hereby waive, release, indemnify, and agree to hold harmless North Whidbey Soccer Club, program organizers, sponsors, supervisors, and participants from any and all claims for personal injuries.

Furthermore, I do hereby authorize the Coach, Program Directors and/or Club Representatives to act as Agents for my child to consent to emergency medical, surgical, or dental examinations, treatments, etc.

Signature: _____

Printed Name: _____ Date: _____