



The Williamsburg Soccer Club Player Medical Release

Seasonal Year _____

Player's Name: _____

Team's Name: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/USYSA and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the USSF/USYSA, its affiliated organizations (including VYSA, VCCL, SEVYSA and WSC) and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs against claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Home Address: _____

Phone – Home: _____ Work _____

Insurance Carrier _____

Policy Number: _____

In case I can't be reached, the following are my designated representatives:

Coach: _____ Manager: _____

And Director of Coaching: Richard Butler;
Assistant Director: Chris Friant & Laurie Wendell, WSC Administrator

Our Physician _____ Phone _____

Allergies/Medical Concerns _____

Signed _____ Date _____
(Parent or Guardian)

Please notify the following person(s) *if* you are unable to contact me:

Name _____ Phone _____

Name _____ Phone _____

Please Have Form Notarized

Subscribed and Sworn By Me This _____ Day of _____, 20____

Notary Public _____