

WYSL Medical Release Form Fall 2014

Circle One

Age Group

U4 U6 U8 U10 U12 U14 U16

Team Name _____

As the parent/legal guardian of the below listed player, I request that in my absence the 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, Doctors of Dentistry or other licensed technicians or nurses to perform any diagnostic procedures, treatment procedures, operative procedures and xray treatment of the below minor child. I have not been given a guarantee as to the result of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the below named players.

	Child's First Name	Child's Last Name	Birrh date	Street Address	City	State	Parent/Guardian Name	Signature
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Participant Waiver (by affixing your name to the Medical Release Form, you hereby verify that you have read and understand the following): I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, release and forever discharge and and all rights and claims for damages, including any claim for loss, damages or injury to my child arising out of performance or failure of performance of the Winchester Youth Soccer League's (WYSL) Board of Directors, committees, and sponsors for any damages which may sustained and suffered by my child in connection with his/her travel to, participate in and returning from WYSL sponsored events.