

West Virginia Soccer Association

PO Box 3360 - Beckley, WV 25801

800-894-9872 * 304-252-9872 * 304-252-9878 (FAX)

www.wvsoccer.net office@wvsoccer.net

Mason County Soccer League

488 Greenbrier Estates, Point Pleasant, WV 25550

304-675-6253 * 304-857-2206

www.masoncountysoccerleague.com

MEDICAL RELEASE FORM

Function: All soccer games and activities involving Mason County Soccer League players

Player's Name: _____ **U.S. Citizen :** Yes **Sex:** M F

Address: _____ **City/State/Zip:** _____

Birth Date: _____ **Parent or Guardian Name(s):** _____

Phone: Home: () _____ - _____ **Work:** () _____ - _____

Cell: () _____ - _____ **Other:** () _____ - _____

Emergency phone number other than Parent/Guardian: () _____ - _____

Name/Relationship for Emergency phone number contact: _____

Primary Medical Insurance Company: _____

Policy number: _____

Known allergies or other pertinent 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 Mason County Soccer League 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. A photocopy of this authorization is of the same force and effect as the original.

Signature of Parent/Guardian: _____ **Date:** _____

Subscribed and sworn to me this _____ day of _____, 20____

Signature: _____ My commission expires: _____

Notary Public