



Washington Premier F.C.
 201 Valley Ave NW, Unit C
 Puyallup, WA 98371

Medical Release Form

*Last Name _____		First Name _____		Middle _____	
Nickname (If different than above) _____				Gender: Male <input type="checkbox"/> Female (please circle) <input type="checkbox"/>	
Address _____			City _____	Zip _____	
Phone _____		Alt Phone _____		E-mail address _____	
Birthdate _____		School _____		Grade _____	
Returning Player? <input type="checkbox"/> Yes <input type="checkbox"/> No, If no, Last Year's Team _____					
Club _____		Association _____		Team # _____	
(Please attach a copy of birth certificate w/seal to this form. * Name must match birth certificate)					

Emergency Information					
Father's Name: _____		Home Phone: _____		Work Phone: _____	
Mother's Name: _____		Home Phone: _____		Work Phone: _____	
In an emergency when parents cannot be reached, please contact:					
Name: _____		Home Phone: _____		Work/Cell Phone: _____	
Name: _____		Home Phone: _____		Work/Cell Phone: _____	
Allergies: _____				Date of Last Tetanus: _____	
Other Medical Conditions _____					
Players Physician _____			Phone: _____		
Medical and/or Hospital Ins Co _____			Phone _____		
Policy Holder _____			Policy # _____		Group # _____
Please copy both sides of your medical insurance card # attach to this form					

Parents approval and Medical Release
 I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Washington Premier F.C., Washington State Youth Soccer Association (WSYSA), and the United States Youth Soccer Association (USYSA). Recognizing the possibility of physical injury associated with soccer and/or the sudden illness at an event, and in consideration for Washington Premier F.C., USYSA, and its affiliates accepting the registrant for its soccer programs and activities (the "Program"), I hereby release, discharge and/or otherwise indemnify Washington Premier F.C., the USSF/USYSA, and 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 as a result of the registrant's participating in the programs and/or being transported to or from the same, which transportation I hereby authorized.

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, emergency personnel, and/or doctor of medicine of dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable assistance and/or treatment.

 Signature of Parent /Guardian _____
 Date

Subscribed and sworn to before me this _____ Day of _____, 20_____

 Notary Public _____
 My Commission expires

Notary Seal	Official Use Only:
	Re-registration <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Add <input type="checkbox"/>
	Birth Certificate Received Yes <input type="checkbox"/> Date _____ No <input type="checkbox"/>
	Insurance Card Received Yes <input type="checkbox"/> Date _____ No <input type="checkbox"/>
	Team: _____
	Player: _____