

# WARREN YOUTH SOCCER LEAGUE MEDICAL RELEASE/WAVIER FORM

(PLEASE PRINT ALL INFORMATION)

I, hereby give my permission for any and all medical attention necessary to be administered to my child, whose name is:

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(PLAYERS NAME – *PLEASE PRINT*)

in the event of an accident, injury, sickness, etc. under the direction of the persons listed below until such time as I may be contacted. This release is effective for the time during which my child is participating in the Warren Youth Soccer League and any Tournaments for the 20\_\_\_\_\_ to 20\_\_\_\_\_ season, including traveling to or from such tournaments. I also hereby assume the responsibility for payment of any and all such treatment.

My Name is:\_\_\_\_\_

My Address is:\_\_\_\_\_

Home Phone:\_\_\_\_\_ Work Phone:\_\_\_\_\_

My Insurance Company:\_\_\_\_\_

My Policy No.:\_\_\_\_\_

In case I cannot be reached, either of the following is designated:

Name(guardian)\_\_\_\_\_ Phone:\_\_\_\_\_

Coach's Name:\_\_\_\_\_ Phone:\_\_\_\_\_

Our Physician Is:\_\_\_\_\_

Address:\_\_\_\_\_ Phone:\_\_\_\_\_

My Child has these Known Allergies:\_\_\_\_\_

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## PLEASE READ THE FOLLOWING

I/We understand and appreciate that participation of the sport constitutes a risk to the player of injury, minor to serious – including permanent paralysis or death. I/We voluntarily and knowingly recognize, accept and assume this risk and release the Warren Youth Soccer League, its Affiliates, their sponsors, event organizers and officials from any liability therefore.

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Signature of Parent/Guardian

Date