Medical Release Form

Mailing Address: WYSA, P.O. Box 3173, Easton Pa. 18043-3173

***** Please PRINT or write clearly *****

Player's Name: ______________________________ **Date of birth:** ____________

Address: ____

Phone: ____

Medical Carrier – Policy # ____

Family Physician: ______________________________ **Tel. #: (___)** ____________

I have examined the above named player and so indicate that this child is in a good physical condition to participate in the WYSA recreational program.

Signature of
Authorizing Physician: ______________________________ **Date:** ____________

Note: This physical is valid for one year from date shown above:

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As the parent or legal guardian of:

Name of Player:	

My child has received a physical examination by a certified physician and has been found physically capable of participating in the WYSA soccer program. Recognizing the possibility of physical injury associated with soccer and in consideration for WYSA and its affiliates accepting the indicated registrant for its soccer program and activities I hereby release, discharge and/or otherwise indemnify WYSA's coaching staff, affiliated organizations and sponsors, their employees and associated personnel against any claim or medical responsibility, by or on behalf of the registrant's participation in said program. I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I understand that I have not been given a guarantee as to the results of the examination or treatment of my child and every attempt shall be made to contact me via the information listed above. I also assume the financial responsibility for any such medical treatment for my child.

Signature of
parent/guardian: ______________________________ **Date:** ____________
(Please sign here)