WESTBURY YOUTH SOCCER CLUB, INC

E-mail: www.westburysoccerclub.com

516- 468-2071

MEDICAL RELEASE FORM

Function: _____

Player's Name: _____U.S. Citizen Yes_____ No_____

Address: _____

City/State/Zip Code:

_____

Birth date: _____ Sex_____ Social Security Number: _____

Parents Phone: Home :( )_____ Work :( )_____

Emergency phone number other than Parent/Guardian

Name: _____ Phone: ( )_____

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 WYSC and its affiliates accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify WYSC, 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 Program's 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, Igrant_____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

Signature of Parent/Guardian_____Date: _____

Subscribed and sworn to me this_____Day of_____20_____

Signature_____My commission expires_____

Notary Public