



NORTH WHIDBEY SOCCER CLUB

Post Office Box 2896, Oak Harbor, WA 98277

* www.nwhidbeysoccer.org *

Please use one form per player – print or type clearly.

Medical Release Form

Player's Name: _____ Birth Date: _____ Sex: M / F
Parents' Names: _____
Mailing Address: _____ City: _____
Home Phone: _____ Cell Phone: _____
Father's Work Phone: _____ Cell Phone: _____
Mother's Work Phone: _____ Cell Phone: _____
Family EMAIL ADDRESS: _____

In case of emergency and parents are unreachable, notify:

Name: _____ Phone(s): _____
Name: _____ Phone(s): _____
Name: _____ Phone(s): _____

Medical Insurance Company: _____
Phone: _____ Group Name/Number: _____
Policy Number: _____

Medical Consent Agreement

As a parent/guardian of the child above, I understand that soccer is a strenuous and potentially dangerous sport. By my signature below, I do hereby consent to my child's participation in North Whidbey Soccer Club programs and activities. I do hereby waive, release, indemnify, and agree to hold harmless North Whidbey Soccer Club, program organizers, sponsors, supervisors, and participants from any and all claims for personal injuries. Furthermore, I do hereby authorize the Coach, Program Directors and/or Club Representatives to act as Agents for my child to consent to emergency medical, surgical, or dental examinations, treatments, etc.

Signature: _____

Printed name: _____ Date: _____