



**West Virginia Soccer Association
Marshall County Soccer Club
MEDICAL RELEASE FORM**
(Registration Form MUST be completed as well.)

State 14 District 11 League 24

Player Profile			
Name: _____	_____	_____	_____
Name	U.S. Citizen	Male/Female	
Address: _____			
Street	City	State	ZIP
Phone: _____		Birth Date: ___/___/___	
Best Phone Number to contact Father: _____			
Best Phone Number to contact Mother: _____			

Emergency Contact Profile		
Name: _____	_____	_____
Name	Relation	Phone Number

Medical Information	
Family Doctor: _____	Phone Number: _____
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 MCSC, WVSA, USYSA, and its affiliates accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify MCSC, WVSA, USYSA, 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 any injury or damage occurring during the registrant's participation in the programs and/or being transported to or from the same, which transportation I authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the soccer programs and activities. I grant MCSC and/or the above-named emergency contact 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.

Parent/Guardian Signature: _____ Date: _____

Subscribed and sworn to me this _____ day of _____, 20____.

Signature: _____ My commission expires: _____

Notary Public