

MEDICAL RELEASE FORM

Dear parents of Wenatchee Soccer Club players,

For insurance purposes, we need a parent or guardian to sign this consent form, so that your child may participate in the Fall 2009 soccer season. This signed form needs to be with your coach during all practices and games.

Sincerely,

Wenatchee Soccer Club

I hereby certify that my son or daughter is in good physical condition and can participate in all WVYSA activities. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the coach to secure proper treatment and/or hospitalize my son or daughter.

Participant's Name: _____

Parent's Name: _____

Relationship: _____

Emergency Contact Number: _____

Parent's Signature: _____

Date: _____