



# Laurel Soccer Club, Inc.

P.O.Box 8926, New Castle, PA 16107

www.laurelsoccerclub.com

## MEDICAL RELEASE & WAIVER FORM

\_\_\_\_\_ (Player) has my/our permission to participate in the Laurel Soccer Club. I/we certify that he/she is physically able to play soccer.

I/we give my/our permission for any and all medical attention necessary to be administered to the above named individual, in the event of an accident, injury, or sickness, until such time as I/we may be contacted. This release is in effect for the duration of the season. I/we assume full responsibility for payment for any such treatments.

Names of Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_

Phone (home)(\_\_\_\_) \_\_\_\_\_ (work)(\_\_\_\_) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Player's Physician \_\_\_\_\_

Physician's Phone(\_\_\_\_) \_\_\_\_\_

List known allergies \_\_\_\_\_

COMMENTS \_\_\_\_\_

### WAIVER

In consideration of being permitted to participate in the Laurel Soccer Club program, I/we do hereby for myself, my heirs, executors, administrators and assignees, remiss, release and forever discharge the program sponsors, volunteers, the team coaches, and all those persons involved in organizing and manning this event from all claims, demands, loss, damage actions, causes of actions or suits as or in equality of whatsoever kind of nature, arising out of my participation in the aforementioned program.

Player's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_