

**THIS FORM MUST BE PRINTED, COMPLETED AND SIGNED, AND BROUGHT TO THE FIELD ON THE FIRST SESSSION OF ANY CLINIC OR WORKSHOP.**

**AUTHORIZATION TO PLAY, MEDICAL RELEASE, AND WAIVER FORM**

With the signature(s) below, permission is hereby granted for \_\_\_\_\_ (participant) to participate in all practice sessions, games and other activities involving Seattle Youth Soccer Association during the \_\_\_\_\_ (current year) season. This permission extends to any travel to and from any and all practice sessions, games and other activities sponsored and arranged by the Seattle Youth Soccer Association.

This permission is granted without reservation. Recognizing the risks presented by the competitive contact sport of soccer, the signature below indicates a knowing, voluntary release of any claim which might be asserted against Seattle Youth Soccer Association, its officers, administrative assistants, coaches, assistant coaches, managers, sponsors, chaperones, designated drivers, volunteers, and any other agents representing Seattle Youth Soccer Association. By waiving any right to assert a claim, I am agreeing to release, absolve, indemnify and hold harmless any and all parties previously mentioned for any and all liability arising from any injuries incurred by participant in the Association. My waiver expressly means that I, participant's legal parent or legal guardian, accept and assume all risks and hazards inherent in and related to the activities of Seattle Youth Soccer Association, including any travel to and from any activities sponsored and arranged by Seattle Youth Soccer Association.

This permission also includes my authorization for emergency medical treatment deemed appropriate and necessary by any coach, assistant coach or representative or agent thereof for participant, including transport to the nearest medical facility adequate to treat the emergency. Participant has the following medical condition (s):

Parent/Guardian name \_\_\_\_\_ Home Phone \_\_\_\_ - \_\_\_\_\_ Work/Cell Phone \_\_\_\_ - \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ Home Phone \_\_\_\_ - \_\_\_\_\_ Work/Cell Phone \_\_\_\_ - \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_

Health Insurance Plan \_\_\_\_\_

Medical Plan Number \_\_\_\_\_

I have read this authorization to play, medical release and waiver, acknowledge that I understand it and agree to be bound by it.

Dated \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Dated \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_