



Wagoner Soccer Club
3v3 Community Tournament 2015

August 15th & 16th
Wagoner Soccer Fields
1098 NE 6th St

MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Father's Name: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____
Mother's Name: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____

In an emergency, when parents cannot be reached, please contact:

Name: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____
Name: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____

Allergies: _____ Other Medical Conditions: _____
Player's Physician: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____
Medical and/or Hospital Insurance Company: _____ Phone: _____
Policy Holder: _____ Policy #: _____ Group #: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for Oklahoma Soccer Association and Wagoner Soccer Club and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Oklahoma Soccer Association and Wagoner Soccer Club, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Signature of Parent/Guardian: _____ Date: _____