

THE HILLWOOD SOCCER CLUB 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 the Hillwood Soccer Club during the _____ season. This permission extends to any travel to and from any and all practice sessions, games and other activities sponsored and arranged by Hillwood Soccer Club.

This permission is granted without reservation. Recognizing the risks presented by the competitive contact sport of soccer, the signature(s) below indicates a knowing, voluntary release of any claim which might be asserted against the Hillwood Soccer Club, its officers, administrative assistants, coaches, assistant coaches, managers, sponsors, chaperones, designated drivers, volunteers, and other agents representing the Hillwood Soccer Club, or Seattle Youth Soccer Association (SYSA) and its officers or agents or representatives, the local league organization of which the Soccer Club is a member. By waiving any rights 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 Club. My waiver expressly means that I, the participants's legal parent or legal guardian, accept and assume all risks and hazards inherent in and related to the activities of the Club, including any travel to and from any activities sponsored and arranged by the Club.

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 transportation to the nearest medical facility adequate to treat the emergency. Participant has the following medical condition(s) _____

Mother's name _____ Home Phone ____ - _____ Work/cell Phone ____ - _____

Father's name _____ Home Phone ____ - _____ Work/cell Phone ____ - _____

Physician _____ Phone ____ - _____ Address _____

Preferred Hospital _____ Address _____

Health Insurance Plan _____ Medical Plan # _____

I have read the 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 _____