



# Washington Premier Football Club

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## MEDICAL RELEASE FORM

**Parents:** Complete this form and return it to your player's Team Manager.

**Coaches/Managers:** Keep forms with players at all WSYSA activities. In the event of injury requiring emergency medical attention, this form should accompany the player to the medical facility.

### PERSONAL INFORMATION – PLEASE PRINT NEATLY

Player	Last	First	Birth Date	____-____-____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Mother	Last	First	Phone	Day	Evening	
Father	Last	First	Phone	Day	Evening	
Address			City		State	Zip
Alternate Contact	Last	First	Relationship		Phone	
Address			City		State	Zip
Physician	Last	First	Phone	Day	Emergency	
Local Hospital or Medical Facility Preference						
Insurance Carrier:			ID#			
Person responsible for charges (if different from above):						

### MEDICAL HISTORY

**Note:** WPMC may require a physician's release for participation

Allergies		Prescription Meds	
Drug Allergies		Last Tetanus Booster	Date ____-____-____

Does player have any condition that could potentially limit his/her physical ability or increase risk of injury as a result of participating in athletic activities? Yes\_\_\_ No\_\_\_ If Yes, please explain:

### PARENT'S CONSENT

As the parent or legal guardian of the above registered participant, I request that, in my absence, the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given any guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

I certify that the information provided above is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Legal Guardian

### Signature of Parent/Guardian MUST be Notarized!

State of _____ County of _____	<i>SEAL</i>
Sworn to and subscribed before me on the ____ day of _____	
Notary Public in and for the State of _____	
Signature: _____	
Commission expires: _____	