



WEST VIRGINIA SOCCER ASSOCIATION
 PO BOX 3360 - BECKLEY, WV 25801
 800-894-9872 * 304-252-9872 * 304-252-9878 (FAX)
 Web: www.wvsoccer.net E Mail: odp@wvsoccer.net



MEDICAL RELEASE FORM

Function: WV Olympic Development Program

Player Name: _____ U.S. Citizen: Yes _____ No _____

Address: _____

City/State/Zip Code: _____

Birthdate: _____ Sex: Female _____ Male _____ Home Phone: (____) _____

Parent's Phone: Work (____) _____ Cell (____) _____

Emergency Contact Other Than Parent/Guardian:
 Name: _____ Phone: (____) _____

Primary Medical Insurance Company: _____

Policy Number: _____

Known Allergies or Other Pertinent Medical Information: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for USYS/USS and its affiliates accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify USYS/USS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant WV ODP Staff and/or _____ permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of Parent/Guardian: _____ Date: _____

Subscribed and sworn to me this _____ Day of _____ 20_____

Signature _____ My commission expires _____
 Notary Public