

MEDICAL AUTHORIZATION & RELEASE FORM

Players Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Social Security No. _____ Email Address _____

EMERGENCY INFORMATION

Mothers Name _____ Phone No. _____ Cell No. _____

Fathers Name _____ Phone Nos. _____ Cell No. _____

IN AN EMERGENCY WHEN PARENTS CANNOT BE REACHED PLEASE CONTACT:

Name _____ Phone Nos. _____

Name _____ Phone Nos. _____

MEDICAL INFORMATION:

Allergies _____

Other Medical Conditions: _____

Players Physician _____ Phone No. _____

Medical and/or Hospital Insurance Co. _____

Policy Holder Name _____

Policy No. _____

Group No. _____

Authorization Phone No. _____

(PLEASE COPY BOTH SIDES OF YOUR INSURANCE CARD AND ATTACH TO THIS FORM)

**PARENT/GUARDIAN APPROVAL, RELEASE, AND
MEDICAL AUTHORIZATION AGREEMENT**

RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SOCCER AND IN CONSIDERATION FOR THE WEST HOUSTON SOCCER CLUB "WHSC" & ITS REPRESENTATIVES ACCEPTING THE REGISTRANT FOR ITS SOCCER PROGRAMS, PRACTICES, GAMES, TOURNAMENTS AND OTHER SOCCER RELATED ACTIVITIES ("THE PROGRAMS"), ***I HEREBY RELEASE, DISCHARGE, AND/OR OTHERWISE INDEMNIFY*** WHSC, ITS REPRESENTATIVES, EMPLOYEES, TEAM MANAGERS, CLUB TRAVEL COORDINATOR, ADMINISTRATORS, DIRECTORS, AND OTHER ASSOCIATED PERSONNEL, FOR ANY ALLEGED NEGLIGENCE OCCURRING DURING THE PROGRAMS OR RELATED TRAVEL AND LODGING PERIODS SOUNDING IN NEGLIGENCE THAT MAY RESULT IN INJURY OR DAMAGE TO THE PLAYER AS A RESULT OF THE PLAYERS PARTICIPATION IN THE "PROGRAMS" WHICH TRANSPORTATION AND LODGING I HEREBY AUTHORIZE AS DEEMED NECESSARY BY WHSC.

I FURTHER HEREBY GIVE MY CONSENT AND POWER OF ATTORNEY TO A TRAINER, TEAM MANAGER, TEAM ADMINISTRATOR OR OTHER WHSC REPRESENTATIVE ***TO AUTHORIZE*** THE ADMINISTRATION OF ANY REASONABLE AND NECESSARY MEDICAL OR DENTAL CARE TO MY CHILD AND FURTHER AGREE TO BE FINANCIALLY RESPONSIBLE FOR THE COSTS INCURRED FOR SUCH CARE.

SIGNATURE OF PARENT/GUARDIAN _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 200__.

NOTARY PUBLIC IN AND FOR THE
STATE OF TEXAS.
Commission Expires: _____