



Issaquah Soccer Club Medical Release Form

PARTICIPANT INFORMATION

Name: _____
 Address: _____ Phone: _____
 Email: _____ Gender _____ Birth Date: _____
 Emergency Contact: _____ Emergency Contact Phone: _____

PARENT/GUARDIAN INFORMATION

P/G 1 Name: _____ P/G 2 _____ Name: _____
 _____ P/G 1 Address: _____ P/G 2 _____ Address _____
 _____ P/G 1 Phone: _____ Mobile: _____
 _____ P/G 2 Phone: _____ Mobile: _____ P/G 1 Email: _____
 _____ P/G 2 Email: _____

WAIVERS/NOTICES

Medical Release

Player Medical Information and Consent: I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for _____, if I cannot be reached in an emergency.

Physician: _____ Phone: _____ Insurance Company _____
 Policy/Group _____ Illnesses, Allergies, Medication: _____

I agree that my child is in good health and is able to participate in the ISC program. I authorize all first aid, medical, dental, surgical, diagnostic and hospital procedures as may become necessary for my child while he/she is participating in the ISC program. I acknowledge that I am responsible for any and all medical expenses due to my child's injury or illness and hereby assume all risk of injury or loss to which he/she may be exposed.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND MEDICAL CONSENT FORM AND AGREE TO MY CHILD'S PARTICIPATION IN THE ISSAQUAH SOCCER CLUB PROGRAM.

Parent Name: _____ Work Phone: _____

Signature of Parent/Guardian: _____ Date: _____

AGREEMENT AND RELEASE:

I AGREE TO ALLOW MY CHILD TO PARTICIPATE IN THE ISSAQUAH SOCCER CLUB PROGRAM AND HEREBY GIVE MY APPROVAL FOR PARTICIPATION IN ALL ACTIVITIES OF THE ISSAQUAH SOCCER CLUB DURING THE CURRENT SEASON. I ACKNOWLEDGE THAT ISC ACTIVITIES ARE CONDUCTED BY PARENT VOLUNTEERS, MOST OF WHO ARE NOT FORMALLY TRAINED AS COACHES, TRAINERS OR FIRST AID PROVIDERS. ACCORDINGLY, ON BEHALF OF MYSELF AND THE PLAYER MENTIONED, I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE PLAYER'S PARTICIPATION IN THE ISC ACTIVITIES AND TRANSPORTATION TO AND FROM THESE ACTIVITIES; AND DO HEREBY RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS THE ISC, ITS BOARD MEMBERS, DIRECTORS, EMPLOYEES, CONTRACTORS, COACHES AND SPONSORS AND ANY AGENTS OR EMPLOYEES APPOINTED BY THEM, FROM AND AGAINST ALL CLAIMS, DAMAGES, INJURIES, DEMANDS, LOSSES, COSTS, EXPENSES (INCLUDING REASONABLE ATTORNEY'S FEES) INCURRED BY THE PLAYER OR THE PLAYER'S FAMILY WHILE PARTICIPATING IN ISSAQUAH SOCCER CLUB ACTIVITIES AND ARISING OUT OF ANY ACT OR OMISSION OF THOSE INDEMNIFIED HEREIN. THE INFORMATION SUPPLIED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY AND A WAIVER OF ANY RIGHT I OR MY CHILD MAY HAVE TO BRING SUIT OR MAKE A CLAIM OF ANY KIND.

Signature _____ Date Signed: _____