

Lakefront Classic Showcase

Medical Release Form

Please Print - Must be legible - Complete all applicable blanks

As the parent / legal guardian of _____, 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 a guarantee as to the results of examination or treatment. I accept full financial responsibility for any such treatment. I also give permission for any transportation required to a medical facility and assume full financial responsibility for said transportation.

Date of Birth ____/____/____

Date of Last Tetanus Booster ____/____/____

Known **allergies** of this player, including any allergies to medicine _____

Any **other medical problems** which should be noted _____

Family Physician _____

Phone (____) _____

Name of Parents (Mother & Father) / Legal Guardian _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

Mother's Work (____) _____

Mother Cell (____) _____

Father's Work (____) _____

Father Cell (____) _____

Person responsible for charges (if different from above) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

Work Phone (____) _____

Cell (____) _____

Person to notify if parent/legal guardian is unavailable _____

Home Phone (____) _____

Work Phone (____) _____

Cell (____) _____

Insurance of Person Responsible for Charges

Medical Insurance _____ Co _____

Subscriber _____

Medical Insurance Policy Number Include the last two digits (family member number) _____

Liability Waiver

Recognizing the possibility of injury associated with soccer and in consideration for the USSF/USYSA and its affiliates, including Lakefront Soccer Club accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the USSF/USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including Webster Soccer Association, Inc. dba Lakefront Soccer Club, Sports Association of Webster, Inc., Webster Central School District, Town of Webster, Paychex and the owners of the fields and facilities utilized for the Programs/Tournaments against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs/Tournaments and/or being transported to or from same, which transportation I hereby authorize. My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs/Tournaments.

I have read the Medical Release Form and the Liability Waiver and fully understand and accept responsibility as it is outlined.

*Signature of Parent/Legal Guardian _____

Date _____

*Your electronic signature is the legal equivalent of your manual signature on this Waiver.