

WESCO Soccer Camp

This form must be kept in the possession of the team coach or his/her representative present at the WESCO Soccer Camp site so that in event of an injury to your child, immediate medical treatment can be obtained in the event a parent/guardian is not present.

PLAYER INFORMATION (please print clearly)

Last Name _____ First Name _____
Address _____ City _____ Zip _____
Phone _____ Birthdate _____
Parent/Guardian Name _____ Phone _____
Medical Problems (prohibitions, allergies, medications, etc) _____
Emergency Contact (other than parent) _____ Phone _____
Family Physician _____ Phone _____

Camp date you're interested in: _____

CONSENT FOR MEDICAL TREATMENT

As a parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of Parent or Guardian _____ Date _____

WESCO RELEASE

I, the parent of the registrant, a minor, agree that I and the registrant will abide by the rules of WESCO, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with WESCO Soccer Camps and in consideration of WESCO accepting the registrant for its training program and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify WESCO, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of gymnasiums and facilities utilized for the Programs, against any and all claims by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I declare under penalty of perjury under the laws of the State of California that I am authorized to execute this release.

Date _____

Name (please print) _____ Signature _____