

**WATERFORD SOCCER ASSOCIATION
MEDICAL CONSENT FORM**

_____ (Player Name) has an appointment with

_____ (Physician's Name) on

_____ (Date) at _____ (Time). At that time, I will have the physician complete the Waterford Soccer Association Physical Examination/Physician's Statement. I understand my child will not be allowed to participate in a game or practice following the date/time of the physical stated above until I provide the completed Physical Examination/Physician's Statement to the Waterford Soccer Association.

Recognizing the possibility of physical injury associated with soccer and in consideration of USYS/USSF, Waterford Soccer Association and their affiliates accepting the registrant for its soccer programs and activities (the "Program"), I hereby release, discharge and/or otherwise indemnify USYS/USSF, Waterford Soccer Association, their affiliated organizations and sponsors, their employees, volunteers and associated personnel, including the owners of fields and facilities utilized for the Program, against any claim by or on behalf of the registrant's participation in the Program, and/or being transported to or from the same, which transportation I hereby authorize.

Therefore, I grant Waterford Soccer Association personnel permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry for an injury/incident which occurs at a soccer program event if neither parent/guardian is immediately available. I also assume the financial responsibility for any medical treatment for my child.

Signature of Parent/Guardian: _____

Date: _____