

Medical Release

Complete and give to coach at first practice. PLEASE PRINT!

Child's Name: _____ Date of Birth: ____/____/____

Age (by Aug. 1, 2009): _____ Grade (in September) _____ School: _____

Circle One:

League: Girl Boy Kick & Play Mixed 1 & 2 3rd & 4th 5th & 6th 7th & 8th

Address: _____

Parent/Guardian Name _____ City _____ Zip _____
Telephone _____

If different from above:

Parent/Guardian Address _____

Emergency Contact: _____ Telephone: _____

Please circle **yes** or **no**. If yes to any questions, please provide a brief description. For a longer explanation, use the back of this form.

NO YES Is the child on any medication? _____

NO YES Will the child need to take the medication during a WGRC Program? If yes, discuss with coach.

NO YES Does your child have any dietary restrictions? _____

NO YES Does the child have any allergies? _____

NO YES Does the child have a heart condition? _____

NO YES Is your child prone to seizures or convulsions? _____

NO YES Does your child have asthma? If so, does he/she know how to use his/her inhaler? Yes No

NO YES Does your child have a physical or mental disabilities that would require special attention?

NO YES Are there any other physical or behavioral conditions that may affect or limit full participation in soccer activities? _____

Waiver and Permission: I certify that I am the parent(guardian) of the child named above. In that capacity, I give permission for the child to participate in the Soccer Program(s) of the West Geauga Recreational Council (WGRC). I also save and hold harmless the WGRC, its employees, and volunteers from and against all claims arising out of damage to property or injury to person(s) associated by his or her negligence or failure to follow instructions of the program personnel. My child is covered by our _____ family or _____ school insurance (please check one).

The West Geauga Recreational Council(WGRC) reserves the right, at its sole opinion and discretion to suspend or terminate, without refund, the participation of any person enrolled in any WGRC program, for any unruly or disruptive behavior on behalf of the participant, and any parent or spectator, deemed by the WGRC to be detrimental to the orderly operation of any of its programs. *** Participants must respect others and use appropriate language or be subject to removal.

Photo Authorization: I hereby authorize the WGRC, its agents and employees to use the photographic image or likeness of the registered child for the use and benefit of the WGRC in its publications, marketing and promotional materials. Please initial if you agree. _____

Signature of

Parent/Guardian: _____ **Date:** ____ / ____ / **2009**