

Sachems FC

Parent & Player Information 2009-2010



Sachems FC Waiver and Medical Authorization

Name of Player: _____

Parent/Guardian: _____

Address: _____

Team Boys/Girls U- _____

I, the parent/guardian of the above named Sachems FC player, hereby give my consent, in my absence, for emergency medical care to be rendered to my child as prescribed by a licensed health care professional. The care may be given under such conditions as are deemed necessary to preserve life, limb or well being. This Authorization is being signed in addition to, and not in place of, the Waiver Form attached to my Sachems FC registration.

My health insurer/HMO/PPO is _____

My subscriber No.: _____

Name of parent or guardian _____

Signature _____ Date: _____

Tel.: _____ Cell Phone: _____

I, the parent/guardian of the above named Sachems FC player, a minor, agree that I and the player will abide by the rules of the Sachems FC, Mass Youth Soccer Association, USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the for the Sachems FC and MYSA/USYSA accepting the player for it soccer programs (the "Programs") and activities, I hereby release, discharge and otherwise indemnify the Winchester Soccer Club, MYSA/USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on the behalf of the player as a result of the player's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name of parent or guardian _____

Signature _____ Date: _____